DOCUMENT RESUME

ED 365 576 SO 023 374

AUTHOR	Reis, Elizabeth
TITLE	11/12 F.L.A.S.H.: A Curriculum Supplement in Family Life and Sexual Health for Grades 11 & 12.
INSTITUTION	Seattle-King County Dept. of Public Health, Seattle, WA.
PUB DATE	92
CONTRACT	PHS-10-H-900004
NOTE	414p.; For related items, see SO 023 372-373.
AVAILABLE FROM	Family Planning/STD Publications, Seattle King Co. Dept. of Public Health, Suite 300, 110 Prefontaine Ave. South, Seattle, WA 98104 ($40.00 plus 10% shipping).
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Arousal Patterns; Contraception; Critical Thinking; Family Life; Grade 11; Grade 12; *Individual Development; *Pregnancy; *Reproduction (Biology); Secondary Education; *Sex Education; *Sexuality
IDENTIFIERS	Washington

ABSTRACT

This curriculum supplement is designed for high school juniors and seniors to augment the edition designed for freshmen and sophomores. The document is divided into 18 units. Unit 1 is on critical thinking, and serves to help the student distinguish among values, feelings, fallacies, and facts. The next five units are grouped together under child and adolescent sexual development. Under this section gender roles, and gender orientation are discussed with relation to the individual and to society. The seventh unit discusses fertility and infertility. Units 8 through 11 deal with unplanned pregnancy. Subjects included are abortion, adoption, parenting, and parenting options and society. Unit 12 describes contraception and the effects for individuals and society. Units 13 through 15 discuss the human immunodeficiency virus and acquired immune deficiency syndrome or AIDS. Unit 13 focuses on the latest that is known about HIV/AIDS and on testing. Unit 14 describes the disease's impact on the friends and families of victims, and unit 15, its impact on society. Unit 16 examines the sexual response system. Unit 17 is devoted to abstinence, attitude, and activism. Unit 18 discusses lifelong sexuality and concludes the supplement. The document includes a section on preparing the teach the F.L.A.S.H. program and a brief review of the lessons from the supplement for use in grades 9 and 10. Field trip report instructions and a sign up sheet are included. Eight appendices include sample letters to older students, parents or guardians, Washington state laws, audio-visual information, a glossary, and community resources. (DK)

ED 365 576

11/12 F.L.A.S.H.

A Curriculum Supplement in

Family Life And Sexual Health

for Grades 11&12

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ACKNOWLEDGEMENTS

I am especially grateful for the massive contributions of **Ellen Phillips-Angeles** and **Vivien Hanson, M.D.** I can't say enough about both their thorough editing of this curriculum supplement and their loving support when my writing was interrupted by my Mom's illness and death. In fact, all my colleagues on the Seattle-King County Department of Public Health (SKCDPH) Health Education Team have contributed their expertise, their energy and their gentle strength through this almost three-year process: Caren Adams, June Beleford, Jeryn Beringsmith, Peter Browning, Elaine Cummins, Dani Wong Ehrenheim, Miriam Gray, Kelly Riggle Hower, John Leonard, Tony Silvestrin, and Kathleen Smith.

I am also indebted to the administration of the SKCDPH for their incredible patience, faith and support from one budget year to the next. They include, past and present: Sandy Ciske, Nova Jones, Mary Pavek, Melinda Percich, Julie Sarkission, Jack Thompson, David Lurie and Bud Nicola.

I want to express warm appreciation to all the others who reviewed various drafts, helped to pilot the lessons, and/or provided expertise and advice: Frank Chaffee, Linda Coleman, Bob Collins, Carla Collison, Maureen Considine, Gordon Dickman, Deenie Dudley, Carol Dunphy, Curt Firestone, the Reverend Bob "Fitz" Fitzgerald, Mary Lila Gary, Helen Glad, Clover Gowing, Margaret Hansen, Karen Hartfield, Pamela Hillard, Alice Hurley, Ellen Jeffcott, Elizabeth "Rae" Larson, Carolyn "Libbey" Livingston, Jan Loreen-Martin, Linda Lou, Roxanne Hood Lyons, Lynne Miller, Geoff Morgan, Lenore Morrey, Laura Pagel Olin, Corine Olson, Rebecca Perbix, Irene Peters, Debbie Robertson, Barbara Roundy, Pastor Phil Rue, Sara Savage, Nancy Skinner, Loren Smith, Tess Sweeney, Pam Tollefsen, the Reverend Bob Ward, Toni Weschler, Nancy Welton, Kathy Williams, and Paul Witt.

And, finally, my undying thanks to the following teachers and their students: Nancy Bush, **Franklin** High School; Cindy Davis, **Bellarmine** Preparatory School; Tony Fore, **Garfield** High School; Janine Green and Meredith Zeltner, **Federal Way** High School; Sally Hooper and Sara Moser, **Interlake** High School; Bill Neal, **Sammamish** High School; Janet Ralston, **Kent-Meridian** High School; Billie Wallace, **Vernonia** High School in Vernonia, Oregon ... and, especially, my colleague Dorle Nelson and her absolutely wonderful students at **Nathan Hale** High School. Thanks, too, to the building and school district administrators who supported these nine pilots, for their cooperation and support.

DEDICATION

11/12 FLASH is for my parents.

Dindy (Virginia Ann Herman) Reis taught me what it means to be a woman and a friend. She was real, she made mistakes, and she was never ashamed to need my love. At the same time, she was intrepid in the out of doors and able to build a one-match fire before she'd had her first cup of coffee. She told us stories and she made us sweaters and she wanted to leave here knowing we wouldn't eat off the pewter. I miss you so much, Mom.

George Reis teaches me, still, what it means to be a friend and a parent. He let me make my own mistakes as a young adult, but was always there to rescue me from myself, with never a single: "You should have known better" ... even when I should have. And he's always made me feel loved, respected and trusted. Thanks, Pop. I love you.

M.I.K. & D.I.K.

Unit Philosophy

It is not possible — or even desirable — to provide value-free education. In fact, the very provision of education implies the values that knowledge is better than ignorance. The job of a public school teacher, however, is to distinguish between:

relatively **universal values** (those shared by 95+% of families, or specifically written into law or policy ... which the teacher is, in fact, expected to teach),

and **controversial issues** (those the community is not in agreement over ... and on which the teacher ought not to express his or her own personal belief).

What are the relatively **universal values** upon which this curriculum supplement is predicated? Some are ...

1) that each individual (regardless of age; gender; family constellation; gender identity, role, or orientation; physical or mental abilities; race; religion or ethnic identity) is unique, valuable, and deserving of equal and considerate treatment.
2) that the human body and its capacity for sexual response and reproduction are fascinating, terrific, and deserving of protection.
3) that human beings' need for touch and intimacy is valid and should be respected.
4) that no one has the right to selfishly use another person, simply for his or her own gratification.
5) that it is wrong to trick, threaten, tease or force another person to touch.
6) that it is safest (emotionally, physically, and socially) and best for school-aged people not to engage in sexual intercourse.
7) that sex is safest and best in loving, long-term, committed, monogamous relationships (as in many marriages).
8) that it is wrong to knowingly transmit disease.
9) that honest communication is fundamental to all human relationships (parent/child, friend/friend, partner/partner, patient/health care provider).
10) that no one should feel obligated to share personal experiences, feelings or beliefs with acquaintances (and that includes most classrooms).
11) that a classroom should be an emotionally safe place to learn.
12) that people have an obligation to learn as much as they can about themselves and those they care about.

13) that families are important and deserve support.

14) that parents are the first and foremost sexuality educators, and are especially obligated to communicate their beliefs and feelings to their children.

15) that schools have an obligation to help families educate young people about sexual health, especially to communicate factual information and teach survival skills.

16) that students deserve answers to their questions.

What are the more ***controversial areas***, where teachers should never teach particular belief positions? Some are ... ***masturbation, abortion, homosexual behavior, other sexual touch, besides vaginal intercourse (e.g., anal, oral intercourse), non-marital sex, and contraception.***

Expressing any particular belief about these topics would surely offend the families of some of your students. So, how should a teacher handle these issues? Ignore them? ***NO***! That's like saying you shouldn't teach about the political party system, for fear you'll teach that a particular party is best. So, suppose a student asks whether the teacher thinks masturbation is OK. We suggest the following ...

VALUES QUESTION PROTOCOL

1. **AFFIRM THE STUDENT FOR ASKING.**

   "Good question." "That's an important issue." "I'm glad you asked." "A lot of people wonder that."

2. **IDENTIFY IT AS A BELIEF QUESTION (distinguishing it from factual questions).**

   "That's a value question. We can't look up the answer, because every person, family and religion has a different answer."

3. **ANSWER THE FACTUAL PART, if there is one.**

   "Before we look at beliefs, let's examine a few facts. Most people masturbate as babies. After that, some continue on and off for the rest of their lives and others decide to stop. Another fact you need to know is that masturbating doesn't hurt a person's body. People used to think it would make you go blind, or give you warts, for example. It doesn't do those things."

4. **HELP THE CLASS DESCRIBE THE RANGE OF BELIEFS ... not theirs, but society's.**

   "Different people believe different things about masturbation. What do you think some people believe?"

   Here, the teacher has two jobs: (1) to ensure that as complete a range of beliefs as possible is described, and (2) to ensure that each belief position is expressed in as fair and even-handed a way as possible ... preferably in the way the person who holds it would describe it if s/he were there.

5. **STATE YOUR OWN BELIEF, *if* it is asked for and *if* it is relatively universal.**

   Thus, on the topic of masturbation (or abortion or homosexual behavior, etc.) it would **not** be appropriate for a public school teacher to express his or her own belief. Whereas, if the question had been, "What do you think about people teasing a classmate who they think is gay?" ... The teacher could very legitimately say, at this point in the protocol, "You asked my opinion; I think that's wrong." ... because all persons, regardless of gender identity, role or orientation, are unique (entitled not to be stereotyped), valuable, and deserving of equal and considerate treatment. See value number 1 on page v.

6. **REFER TO FAMILY, CLERGY AND OTHER TRUSTED ADULTS.**

   "Since people have such different beliefs about masturbation, I would encourage all of you to find out what your families believe. Talk about it with people you trust, especially adults. For example, if you belong to a church, synagogue, mosque or temple, find out what they teach."

NOTE: Because the very teaching of certain topics may be controversial in some communities, we have included sections called "Rationale" after the cover pages of some lessons (4, 7, 8, 16). These sections explain and document the relevance and vital importance of those sections of the curriculum to the lives of juniors and seniors in high school.

OVERVIEW OF 11/12 FLASH

TOPIC, STUDENT LEARNING OBJECTIVES: to be able to ...

Critical Thinking:

*1. **Critical Thinking*** (1 period)

1) Define and recognize a statement about values.
2) Define and recognize a statement about feelings.
3) Recognize gross fallacies (stereotypes, oversimplifications, etc.)
4) Distinguish among facts, fallacies, feelings and values.

Child and Adolescent Sexual Development:

*2. **Infant and Preschool Sexual Development*** (1-2 periods: video)

1) Explain at least three non-verbal ways in which parents influence their children's sexual development.
2) Begin to articulate messages about sexuality that he or she would like to communicate to his or her children.
3) Distinguish between toddlers' behaviors which are common and developmentally normal and those that could warrant concern.

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*3. **Gender Roles*** (1 period: homework)

1) Define and distinguish between "gender role" and "role extreme or stereotype".
2) Recognize that a person's gender role is probably to some extent biologically predisposed and, yet, to a great extent socially learned.
3) Give examples of dangerous or destructive consequences of carrying gender roles to extremes.
4) Describe ways in which sexual stereotyping hurts us all, men and women alike.

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*4. **Gender Orientation and the Individual*** (1 period: homework)

1) Define at least six relevant terms (gender orientation, heterosexual, homosexual, bisexual, gay and lesbian).
2) Distinguish among facts and common fallacies (myths, stereotypes) regarding homosexuality and bisexuality.

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* **9/10 FLASH** can stand alone with high school freshmen and sophomores. We recommend augmenting it for juniors and seniors, using this **(11/12 FLASH)** supplement.

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5. *Gender Orientation and Society* (1-3 periods: video, panel)

1) Describe ways in which harassment, violence and discrimination in general hurt us all: the hater, the hated, and the observer.
2) Understand the experience of growing up gay, lesbian or bisexual in a world in which your people are feared and hated.
3) Describe the role of "ally" to a gay, lesbian, or bisexual friend or family member.

---

6. *Learning to Love* * (1-3 periods: panel, homework)

1) Name the two essential components of love (liking another and caring about his or her welfare).
2) List and describe at least four different kinds of love and describe a "healthy relationship".
3) Describe at least five warning signs, concrete behaviors that show that a romantic relationship is, or could be, unhealthy (dysfunctional, abusive, unequal).
4) Evaluate the relative health of his or her own current or future romantic relationship.

Fertility and Infertility:

7. *Fertility and Infertility* * (2-3 periods: panel, reports)

1) Recognize that most men are fertile every day, while women are fertile only a few days a month and explain when, in a woman's cycle, she is fertile (the timing and the symptoms).
2) Describe at least four causes of infertility, including the most frequent cause of preventable infertility, STDs.
3) Describe at least four behaviors one can do to try to protect one's future fertility.
4) Recognize that he or she is not immune to infertility and that it can be a major life crisis.

Unplanned Pregnancy:

8. *Abortion* (1 period: homework)

1) Define abortion, recognizing spontaneous and induced, legal and illegal ones.
2) Name and describe the two most commonly used procedures, identifying the trimester when each is performed.
3) Distinguish among a few key facts (especially medical and legal facts), common fallacies, feelings and values regarding abortion.

* **Some prerequisite knowledge is essential.**

9. *Adoption* (1 period: homework)

1) Define adoption and foster care, distinguishing them from one another and from informal arrangements (with friends or family) as well as "baby-selling".
2) Explain the basic types of adoption: independent v. agency, and open v. traditional.
3) Distinguish between facts and fallacies regarding adoptees, birth parents, adoptive parents and the law.

---

10. *Parenting* (1-2 periods: video, panel, homework)

1) Consider whether he/she might want to ever be a parent (biological or otherwise) and, if so, articulate at least three of his/her own criteria for the kind of parent he/she would like to be.
2) Articulate at least three of his/her own criteria for the kind of parent he/she would like to find to be the other parent of his/her future child(ren) ... if parenthood is in his/her future.
3) Recognize common stereotypes about fathers and describe the hurt they may cause (to all: the child, the father, and the mother).
4) List at least three concrete things a father can do to parent actively.
5) List at least three concrete things a mother can do to act as a father's ally in active parenting (given that society/friends/family will probably assume that she is the primary parent).

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11. *Pregnancy Options and Society* (1-3 periods: panel, reports)

1) Recognize that there is a range of opinions on these issues and that others (even others who are thoughtful, well-meaning individuals) may hold opinions different from his/her own.
2) Articulate opinions (his/her own and those of others) about the ethical issues surrounding abortion, adoption and parenting.
3) Recognize that, regardless of the option a woman/couple chooses, unplanned pregnancy can feel like a life crisis.

Contraception:

12. Contraception, Individuals and Society * (1-2 periods: homework)

1) Articulate opinions (his/her own and those of others) about the ethical issues surrounding contraception.

2) Recognize that there is a range of opinions on these issues and that others (even others who are thoughtful, well-meaning individuals) may hold opinions different from his/her own.

Human Immunodeficiency Virus and AIDS:

13. HIV/AIDS, Update on the Disease * (1-2 periods: homework)

1) Describe Categories A–C of HIV Disease and at least three conditions diagnostic of AIDS, itself. **

2) Distinguish among facts and myths about the HIV antibody test.

3) Distinguish among no-risk, risk, and highest-risk behaviors and recognize that persons at no risk need not get themselves tested.

4) Explain at least three reasons a person at risk might decide to be tested (or not to be), and explain how a person goes about getting an antibody test.

5) Explain at least three things a person should do to protect him/herself and others ... a. if he/she decides not to be tested, and b. if s/he tests positive, and c. if s/he tests negative.

---

14. HIV/AIDS, Friends and Families (1 period: video, panel, reports)

1) Imagine what it might feel like to learn that one was HIV-positive, or to face the news that a friend or family member had HIV/AIDS.

2) Describe at least three possible constructive actions one can take, to serve one's community and feel less powerless in the face of this epidemic.

3) Identify at least three local or accessible resources for HIV information and/or social and health services.

---

15. HIV/AIDS and Society (1 period)

1) Articulate opinions (his/her own and those of others) about the ethical issues surrounding HIV Disease.

2) Recognize that there is a range of opinions on these issues and that others (even others who are thoughtful, well-meaning individuals) may hold opinions different from his/her own.

*** Some prerequisite knowledge is essential.**

**** We understand that this new definition of HIV/AIDS will be announced by the Centers for Disease Control sometime in 1992. We will send a note to purchasers of *11/12 FLASH*, confirming the change from Classes to Categories, as soon as it is official.**

Sexual Response:

16. The Sexual Response System (1 period)

1) Define the sexual response system and distinguish it from the reproductive system.

2) Describe the three phases of human sexual response.

3) Describe at least three of the five most common sexual concerns/dysfunctions.

4) List the four categories of causes of sexual concerns/dysfunctions: misconceptions and myths, feelings and values, alcohol and other drugs, and medical factors. Give an example from each category.

5) Recognize that s/he is already capable of resolving some sexual response concerns (e.g., by acting consistently with his/her own values, abstaining from alcohol and other drugs) and describe a situation where professional help may be needed.

Abstinence, Attitude and Activism:

17. Abstinence, Attitude and Activism (1 period)

1) Define "sexual abstinence" and discuss its potential benefits. List and describe at least three negative and three positive possible consequences of sexual intercourse, recognizing that the latter is controversial.

2) Explain the kinds of subtle and overt sexual messages in our society and recognize that these messages can be less influential if one notices and questions them.

3) Describe one way to influence a mass medium and one way to influence a friend or acquaintance, with whom one disagrees.

Lifelong Sexuality and Unit Closure:

18. Lifelong Sexuality and Unit Closure (Post Test) (1 or more periods: reports, homework)

1) Distinguish among definitions and/or examples of ten basic aspects of human sexuality.

2) Explain that some of these aspects are present from conception until death, while others develop gradually and/or evolve throughout one's life.

3) Score at least 75% on a unit test of knowledge, coping skills, and ability to articulate opinions (one's own and those of others).

PREPARING TO TEACH 11/12 FLASH

THIS NOTEBOOK IS STRICTLY A SUPPLEMENT

Unlike the younger grade levels of the **Family Life And Sexual Health (FLASH)** curriculum, **11/12 FLASH** is not self-contained and is not meant to stand alone. It is intended to supplement **9/10 FLASH**. Many of the lessons contained in this notebook presume the prerequisite knowledge of certain **9/10 FLASH** material.

Thus, in schools where students study sexuality in their Freshman or Sophomore year and again in their Junior or Senior year, use a quick pretest, to make sure they've retained most of the **9/10** content, and a climate-setting lesson such as the first lesson in **9/10 FLASH**. Then follow simply with the 18 lessons (approximately four to six weeks' worth) contained in this notebook.

However, as this goes to print, most schools still offer sexuality education only once during four years of high school. If that one time occurs in the Freshman or Sophomore year, we recommend using the 30 lessons contained in **9/10 FLASH**. This will take six or eight weeks. If, on the other hand, Juniors and Seniors have their first and only high-school level opportunity to study sexuality, **we recommend combining most or all of the *9/10 FLASH* lessons, with the lessons you will find in this notebook, for a total of 48 lessons**. This will take about **ten to fourteen weeks**. You will find a sample agenda for such a combination unit on pages xvI-xviI of this notebook.

PREPARING TO TEACH 11/12 F.L.A.S.H.

KNOW YOUR STATE AND LOCAL GUIDELINES

It is imperative, morally and legally, that you follow the guidelines established by the State Legislature, the State Superintendent of Public Instruction, and your district's elected School Board. (For the complete text of the Washington State Superintendent's Guidelines, with excerpts from the law, see Appendix C.)

Essentially, with the exception of AIDS, Washington State leaves the decision about whether to provide sexuality education up to the local school board. The State does, however, make recommendations for districts that do teach it, about how it should be taught. It says, for example, that "major emphasis ... should be to assist the adults in the home ..." and that "sexuality is an integral part of a total personality and to consider sex as purely physical is to give it an unrealistic emphasis." The State also requires that parents have the option of excusing their child from the sexuality unit.

With regard to AIDS education, the State goes further. It requires that every child in grades five through twelve receive AIDS education on an annual basis. Any materials used in the Public Schools must go through, not only the usual district-level review process, but also a review by the Department of Social and Health Services for medical accuracy, and a review by the State Superintendent's office, for educational soundness. The latter is simply for rating purposes, whereas the DSHS review is for approval. The State further requires that AIDS lessons emphasize that abstaining from sexual intercourse and from needle-sharing are the only two guarantees of protection from AIDS. The curriculum must state that condoms reduce, but do not eliminate, risk.

Unless you know that your district has already approved **11/12 FLASH**, contact your curriculum office as far in advance as possible, to find out your local policies.

PREPARE YOURSELF

Review this entire curriculum before teaching any part of it.

Then, you may want to refresh your knowledge. Try the resources listed on pages 47, 145, 328 and 329.

And, finally, the most practical, thorough journal in the field of sexuality education: "Family Life Educator" from Network Publications, 1700 Mission Street, P.O. Box 1830, Santa Cruz, CA, 95061-1830.

PREPARE YOUR ADMINISTRATOR

Discuss the course's content, materials and activities with your building administrator. A principal needs to know of guest speakers. He or she should also see the letter you plan to send to parents and guardians, offering to excuse their children. The importance of involving your administrator from the outset cannot be overemphasized. Your Principal must be informed about the unit, in order to respond to parents' questions and concerns.

PREPARE PARENTS

The primary sexuality educators of your students are their parents or guardians. Consciously or unconsciously, they have been providing sexuality education since birth. They may or may not be comfortable in their role. They may or may not be knowledgeable about the facts. But only they can share their beliefs and feelings with their children.

Your role with respect to parents is two-fold. First, legally and morally, you must inform parents that you are about to begin the unit. Your job is to offer them the options of previewing materials and/or excusing their son or daughter. Second, for those students who do participate (about 95-99% of all students), you can use the unit to foster better communication at home. That is why we have provided Family/Friend Homework Exercises in many lessons. If you use these Homework Exercises, follow these guidelines:

(a) Explain that the student can do the assignment with any trusted adult in the family (parent, stepparent, grandparent, group home parent, Mom's boyfriend, etc.) or with a close friend. (At the younger grade levels, we confined these assignments to the family; juniors and seniors, however, have begun to build trusted friendships, as well.)

(b) Never ask students to report on the content of those conversations, only that they did talk. To ask about a student's or family's "beliefs or practices ... as to sex" would violate the Washington State Board of Education's Guidelines. Thus, all a student turns in to you for credit is a Family/Friend Homework Confirmation Slip.

BEFORE YOU BEGIN

1. Arranging for Guest Speakers and Panels

Speakers and panels can be very valuable, not only to the novice sexuality educator, but in every classroom. They can bring special life experience or expertise as they provide a change of pace. Nonetheless, an individual's affiliation or credential does not ensure his or her ability to communicate well with young people. Ideally, you will invite as guests only people you have observed in the classroom before. That is, of course, not always possible. At a minimum, always talk with speakers in advance to:

- make sure they understand your objectives and expectations and vice versa,
- make clear that all handouts they wish to provide must be approved in advance,
- find out their audio-visual equipment needs (if applicable), and
- be sure they know when and where to arrive.

Make sure the presence of speakers is consistent with your district's policies. And stay in the classroom. In Washington State (and most other states) the law requires that a certificated person be present at all times. Besides, yoiu can't do an adequate job of integrating the lesson with the rest of your curriculum and/or following up on concerns that don't get addressed, unless you have heard what the speaker and students have said.

In lessons 5, 6, 7, 11 and 14, we have urged you to consider inviting panels of guest speakers. (We have also suggested alternatives to a panel, in case it isn't feasible to invite one.) See those lessons — at least a month in advance of each — for specific suggestions and guidelines.

2. Assembling materials

a) PHOTOCOPIES

Every lesson plan contains material (white pages) to be copied. We realize that the quantity of material to be copied is daunting. However, lacking funding in most school districts for a sexuality text book, we could see no alternative to this process. Give yourself (and a Teaching Assistant, ideally) plenty of time for copying and collating handouts and transparencies.

b) INDEX CARDS

Lessons 11, 12 and 15 all require index cards (or 3X5" scrap paper) ...
one per student.

c) VIDEOS

We have recommended videos for use in lessons 2, 5, 10 and 14. (We have also suggested alternatives to these videos, in case it isn't feasible to obtain one.) See those lessons and Appendices D and E — at least a month in advance of each — for specific suggestions.

d) OTHER VISUAL AIDS

Some lessons rely upon "props", specifically:

Lesson 5: 30 pairs of left-handed scissors

Lesson 7: library paste, hand lotion, and either a raw egg or a tube of vaginal lubricant (e.g., "Replens", "K-Y Jelly")

Lesson 13: condom, dental dam, syringe

Lesson 17: multiple props, see lesson at least a week in advance

Lesson 18: multiple props, see lesson at least a week in advance

3. **The student who has been "excused" from the unit**

We recommend that you spend a few minutes with any individuals whose participation in the unit has been waived ... giving them instructions for their alternative projects in the library.

4. **Pretesting**

While you meet with these students, you may want to have the rest of the class pretest themselves, in one of two ways:

a) If your students have never studied **9/10 FLASH**, use the pretest from that notebook (pages 9-14).

b) If they have been exposed to this content previously, you can instead use the pretests from this curriculum notebook. Unlike **9/10 FLASH**, **11/12** has no overall unit pretest. There are four topical pretests, which test for prerequisite knowledge for the lessons on **fertility**, **contraception**, **love** (the pretest for "love" concerns distinguishing consent from exploitation), and **HIV/AIDS**. You will find them in the lessons on those topics: 6, 7, 12, and 13.

You can also wait, and administer each topical pretest as you come to the relevant lesson. The advantage of testing now is that it allows you to determine on which topics your students need **9/10** remediation. It also helps students recognize the limitations of their own sexuality knowledge. Testing later, topic by topic, however, will avoid overwhelming students on the first day of the unit. Use your judgement about which will work better for you. Pretesting will take most groups 25 or 30 minutes.

5. Establishing climate and expectations

It is crucial to provide at least one climate-setting, expectation-clarifying lesson, preceding the use of these **11/12 FLASH** lessons ... even with groups who've studied **9/10 FLASH** in a previous year.

The first lesson of a sexuality unit has four goals:

a) TO PROVIDE AN OVERVIEW, a beginning structure on which to hang this new body of knowledge;

b) TO EXPRESS YOUR ACADEMIC EXPECTATIONS OF THE STUDENTS, regarding such matters as homework (individual and family/friend assignments), individual field trip reports, and class participation;

c) TO COMMUNICATE WHAT STUDENTS CAN EXPECT FROM YOU, for instance, that you will ...

- treat them with respect and kindness,
- be reasonably comfortable, but also human (i.e., occasionally awkward),
- take the subject seriously, but with fascination, rather than clinical dryness,
- protect their privacy (to the extent you legally can), your own privacy, and that of others,
- answer all questions to the very best of your ability, and
- be knowledgeable, but also honest about the limits of your expertise;

d) TO COMMUNICATE WHAT STUDENTS CAN EXPECT FROM THEMSELVES AND ONE ANOTHER, for instance, that they will ...

- treat one another with respect and kindness,
- become more comfortable discussing the subject,
- take the subject seriously, with maturity, though perhaps not altogether without humor,
- protect their own privacy, one anothers', and that of other people,
- learn a lot of new information, and
- enjoy the unit!

To accomplish these goals, we recommend the first lesson or two of **9/10 FLASH**, or the equivalent, for climate-setting, whether or not you plan to use all of **9/10 FLASH**.

6. Assigning Individual Field Trip Reports

Some of you are combining **9/10** and **11/12 FLASH**, and planning to assign "Individual Field Trips", as recommended in **9/10**. This will give students the opportunity to rehearse the skill of accessing resources. Their oral reports can also provide the rest of the class with information about a wide variety of agencies, physicians, and communities of worship ... along with a peer's perspective on the attitudes and procedures a teen can expect to find at each community resource.

You will need the Field Trip Instructions and Sign-up Sheet on pages 15-19 and 23-24 of **9/10 FLASH** and also the supplementary Field Trip Instructions and Sign-up Sheet starting on page xviii of this notebook. Oral Field Trip Reports are suggested parts of lessons **7, 11 and 14** of this Curriculum Supplement **(11/12 FLASH)**, as well as lessons 2, 5, 10, 13, 18, 19, and 23 of **9/10 FLASH**.

If you assign Individual (or Two-person) Field Trips, allow time to discuss "guidelines" for these field trips. Students should:

a) Expect at least two weeks' delay from their initial phone call to a resource person, until that person is available to spend time being interviewed by the student.

b) Plan to persist, in case one resource person is rude or simply unavailable.

c) Explain in their initial phone contact that they need fifteen to thirty minutes of the resource person's time to interview them for a school project.

d) Interview the resource person face-to-face, if at all possible. Obtain a pamphlet, business card, poster or other proof of the visit. The "Field Trip" can be conducted over the phone, if the student lacks transportation, but this is less than ideal. If the student does a telephone Field Trip, he or she should ask the resource person to mail him/her some literature or a business card, as proof of the interview.

e) Send a thank you note after the interview.

Be aware that Individual Field Trips are sometimes an emotionally challenging experience. Be prepared to spend time one-on-one with students, refering them to your school counselor or nurse, to their families and clergy, and to other youth-serving agencies, as needed. See Appendix F for community resources or call your local United Way.

Sample Unit Agenda

For an Twelve Week ***FLASH*** Unit in a Twenty Week Senior Health Course

Week/Day		Topic	Sub-Topic	Lesson Number	
				9/10 FLASH	***11/12 FLASH***
1.	M:	Unit Introduction:	including Unit or Topic Pre-tests	1 (p.1)	
	T:	Touch and Abstinence		2 (p. 25)	
	W:	Critical Thinking			1 (p. 1)
	Th:	Reproductive System		3 (p. 47)	
	F:	Puberty and Adolescence:	Overview	4 (p. 75)	
2.	M:	Child and Adolescent (C&A) Sexual Development:	Infancy and Preschool		2 (p. 13)
	T:	C&A Sexual Development:	Gender Roles		3 (p. 35)
	W:	Puberty and Adolescence:	Who Am I? Where Am I Going?	5 (p. 103)	
	Th:	Puberty and Adolescence:	Am I Normal?	6 (p. 115)	
	F:	Puberty and Adolescence:	Will I Fit In?	7 (p. 123)	
3.	M:	Puberty and Adolescence:	What Will I Decide About Touch?	8 (p. 143)	
	T:	C&A Sexual Development:	Gender Orientation and the Individual		4 (p. 45)
	W:	C&A Sexual Development:	Gender Orientation and Society		5 (p. 79)
	Th:	panel 1 *			
	F:	panel 2 **			
4.	M:	Sexual Exploitation:	Communication	9 (p. 159)	
	T:	Sexual Exploitation:	Consent vs. Exploitation	10 (p. 177)	
	W:	Sexual Exploitation:	Continuum of Sexual Touch	11 (p. 193)	
	Th:	Sexual Exploitation:	Assault Strategies	12 (p. 215)	
	F:	*Individual Field Trip Reports and video ... review, discussion, unfinished business*			
5.	M:	C&A Sexual Development:	Learning to Love		6 (p. 91)
	T:	... lesson continued	"		6 cont.
	W:	panel 3 ***			
	Th:	Pregnancy:	The Developing Baby	13 (p. 231)	
	F:	Pregnancy:	The Experience	14 (p. 263)	
6.	M:	Pregnancy:	Prenatal Health	15 (p. 275)	
	T:	Fertility and Infertility:	Fertility and Infertility		7 (p. 123)
	W:	... lesson continued	"		7 cont.
	Th:	*panel 4 **** and one Individual Field Trip Report*			
	F:	Planning to Parent:	Infant Health	16 (p. 295)	
7.	M:	Planning to Parent:	Do I Want Children? How Many? When?	17 (p. 319)	
	T:	Planning to Parent:	Am I Qualified?	18 (p. 331)	
	W:	Unplanned Pregnancy:	Friends and Family	19 (p. 341)	
	Th:	Unplanned Pregnancy:	Abortion		8 (p. 147)
	F:	Unplanned Pregnancy:	Adoption		9 (p. 177)

* *In this class, panel 1 consisted of three young people who identify as "gay, lesbian, or bisexual" and the parent of a fourth young person.*

** *Panel 2 consisted of three young people who consider themselves "recovered from homosexuality".*

*** *Panel 3 consisted of three couples in their early twenties, each of whom had been together for over a year. One couple is in treatment for domestic violence.*

**** *Panel 4 consisted of three couples, all of whom had faced infertility. One couple had resolved it via donor insemination; one, via surgical treatment; the third, via deciding to remain child-free.*

Week/Day	Topic	Sub-Topic	Lesson Number	
			9/10 FLASH	*11/12 FLASH*
8. M:	Unplanned Pregnancy:	Parenting, Focus on Fathering		10 (p. 199)
T:	*... lesson continued*	"		10 cont.
W:	Unplanned Pregnancy:	Pregnancy Options and Society		11 (p. 215)
Th:	*Individual Field Trip Reports ... review, discussion, unfinished business*			
F:	panel 5 *			
9. M:	Contraception:	Overview	20 (p. 365)	
T:	Contraception:	A Closer Look	21 (p. 397)	
W:	Contraception:	What's the Best Method?	22 (p. 409)	
Th:	Contraception:	Communication	23 (p. 417)	
F:	*Individual Field Trip Reports with review, discussion, unfinished business*			
10. M:	Contraception:	Contraception, Individuals and Society		12 (p. 233)
T:	Sexually Trans. Diseases (STDs):	Overview	24 (p. 433)	
W:	HIV/AIDS:	Update on HIV Disease, Focus on Testing		13 (p. 255)
Th:	*... lesson continued*	"		13 cont.
F:	HIV/AIDS:	HIV/AIDS, Friends and Families		14 (p. 289)
	video and Individual Field Trip Reports			
11. M:	HIV/AIDS:	HIV/AIDS and Society		15 (p. 301)
T:	STDs:	Epidemiology	27 (p. 485) **	
W:	STDs:	STDs and Communication	28 (p. 505)	
Th:	Sexual Health Care	Pelvic, Breast and Testicular Exams	29 (p. 515)	
F:	The Sexual Response System			16 (p. 311)
12. M:	Abstinence, Attitude & Activism			17 (p. 341)
T:	Lifelong Sexuality			18 (p. 361)
W:	*Make-up day for Individual Field Trip Reports, unfinished business, concerns, review*			
Th:	Post-test ***			
F:	SCHOOL HOLIDAY!			

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* *Panel 5 consisted of three people at peace with their three different decisions in their unplanned pregnancies: abortion, adoption and parenting.*

** *Note that the 9/10 FLASH lessons on HIV/AIDS (lessons 25 and 26) were omitted; the 11/12 FLASH lessons were used in their place. In this District, although most of "Human Sexuality" is covered in Health, in the Senior year, the 9/10 FLASH HIV/AIDS lessons are used in Freshman Science. Thus, it is important to avoid repeating identical material, visuals, etc.*

*** *The Post-test can be found in Lesson 18. In this class, it was administered on a separate day, to allow plenty of discussion time during the lesson itself.*

Field Trip Report Instructions

Supplementary to those in ***9/10 FLASH*** *

Topics and Field Trip Sites	**Questions to Answer:**
11. "Infertility" a clinic that specializes in infertility, a support organization such as "RESOLVE", or a person or couple who is (or was) infertile due: ________________	11. a. What's the most important thing for the community to know about people who are infertile? What is the most harmful myth or stereotype about them? b. What is it like to be infertile? How is it different for a man and a woman? c. Is there anything about infertility that you wish you had known as a teen? What?
12. "Three Pregnancy Options ... PRO" three persons or couples: one who had an abortion, one who placed a baby for adoption, and one who kept and is raising a baby that was not planned ... all these people should have made their decisions at least four years ago, and all should be people who feel they made the best decision (for them, at that time) due: ________________	12. a. What was it like making your choice about the pregnancy? Why did you make the choice you made? b. What's the most harmful myth or stereotype about people who make the choice you made? What 's more true? c. What could a friend or family member have done to help, at the time and in the year afterwards?
13. "One Pregnancy Option ... PRO and CON" two persons or couples, both of whom chose the same unplanned pregnancy option (abortion, adoption, or parenting) ... one person or couple who feel troubled by the choice they made and one who is/are at peace with their decision also due: ____________	13. a. same questions as for Field Trip #12 (above)

NOTE: For help finding people willing to be interviewed for Field Trips 12 and 13, try adoption agencies, family planning programs, and or "OB/GYN" docotrs. Your teacher may be able to help in the search.

Topics and Field Trip Sites	**Questions to Answer:**
14. "HIV/AIDS" a clinic or social service agency that serves people with HIV Disease (people who are HIV-positive) or who actually have AIDS, or a person with HIV/AIDS, or his or her family member or close friend, or other care-giver due: ____________	14. a. What's the most important thing for the community to know about people with HIV Disease or AIDS? What's the most harmful myth or stereotype about them? b. What is the hardest part about being infected with HIV or of actually having AIDS? c. What is it like being (or working with, or loving) a person with HIV Disease?

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* see pages 15-19 of ***9/10 FLASH***

Field Trip Sign-Up Sheet

Supplementary to that in ***9/10 FLASH*** *

NOTE: *Please do not add any lines. The number of lines below each topic is the maximum who can research that topic ... that way we will have variety in our reports. Thanks.*

11. INFERTILITY

____

____

____

12. THREE PREGNANCY OPTIONS, PRO

____

____

____

13. ONE PREGNANCY OPTION, PRO AND CON	*Which option will you study?*
______________________________	_______________
______________________________	_______________
______________________________	_______________

14. HIV/AIDS

____

____

____

* see pages 23-24 of ***9/10 FLASH***

Lesson Plan 1

Critical Thinking

Student Learning Objectives:

to be able to ...

1. Define and recognize a statement about values.
2. Define and recognize a statement about feelings.
3. Recognize gross fallacies (stereotypes, overgeneralizations, etc.).
4. Distinguish among facts, fallacies, feelings and values.

Materials Needed:

- PHOTOCOPIES

  One per student of ...
  Clarity Reference Sheet *
  Clarity Exercise One

  One of ...
  Clarity Transparency
  Clarity Exercise Two: Gamecards **

- SIGNS posted in the four corners of the classroom ***

* *Copying the Reference Sheet is optional. It can be used either as a handout, or simply as lecture notes, for your convenience.*

** *We suggest taping these "cards" to 3X5" index cards for durability.*

*** *In block letters, "FACT", "FEELING", "FALLACY", and "VALUE"*

Time Needed:

One class period

Agenda:

1. Explain the relevance and purpose of the lesson.
2. Use the Reference Sheet or a "mini-lecture" to introduce the key concepts.
3. Use Clarity Exercise One and the Clarity Transparency to rehearse the skill of distinguishing among facts, fallacies, values and feelings.
4. Use Exercise Two (group interaction, movement) to reinforce the skill.

NOTE: Although this is the "first" lesson in this curriculum supplement, it is crucial that it be preceded by a climate-setting lesson or two, such as those at the beginning of the **9/10 FLASH** curriculum. The goals of this sort of introductory lesson are elaborated on page xiv of this notebook.

ACTIVITIES:

1. Explain the relevance and purpose of the lesson:

   We are going to examine some very sensitive issues over the next few weeks ... issues like AIDS, abortion, homosexuality. There will be differences of opinion, a variety of emotions, and disputes about what is accurate. It will be especially important to follow the groundrules we established a couple of days ago. It will be important, also, for everyone to be able to tell the difference among values, feelings, facts and fallacies. (Point to the signs in the four corners of the room, as you say these.) We are going to spend the next four days making sure everyone knows the difference. That way, at least we can be honest and clear in our disagreements.

2. Define and give examples of the four key concepts (fact, feeling, value and fallacy). There are two ways to do this:

   a. Hand out Clarity Reference Sheet One. Give the class time to read it and then discuss; it is written at a particularly high reading level and contains some sophisticated concepts.

   b. Alternately, simply use the Reference Sheet as "lecture notes". Explain the four key concepts, citing examples from the Reference Sheet.

   Jot key words from the definitions on the Clarity Transparency. For example:

   FEELING : emotion, sensation

   VALUE : belief, opinion, morals, right/wrong, should/shouldn't

   FACT : provable, accurate, research, experts, theories

   FALLACY : misconception, stereotype, generalization, "line"

   Elicit from the class a couple of examples of each of the four concepts, besides those on the Reference Sheet.

3. Hand out Clarity Exercise One. Complete the first side aloud, as a large group. Then have students complete side two individually. Allow them about four minutes. Keep the Clarity Transparency on the screen, as a "crib sheet".

Correct the Exercise aloud, having volunteers answer each item and justify their decisions.

Thus, if a student thinks a particular statement is a **FEELING** or **VALUE**, ask him or her which word or phrase **shows** this. So in number one ("Julio is self- conscious around girls, especially ones he likes."), the words "self-conscious" and "likes" are the operative ones that show it is a feeling statement. Have people circle the words "self-conscious" and "likes" on their papers.

If a student thinks a particular statement is a **FACT**, ask her or him where one might go to verify it. The encyclopedia? a medical journal? a school health text?

If the student considers something a **FALLACY**, is the statement a "line" used to manipulate? a stereotype? an oversimplifica- tion? an illogical conclusion? Is it a superstition? Where could they verify that it is untrue?

The correct answers, as far as we're concerned, are ...

1) **FEELING** ... operative words: **self-conscious, likes**
2) **FACT** ... possible sources to verify: health text, doctor, school nurse
3) **FALLACY** ... possible sources to verify: doctor (especially a gynecologist), Sex Information Line (Seattle area)
4) **FEELING** ... operative words: **liked**
5) **FEELING** ... operative words: **satisfying and relaxing**
6) **VALUE** ... operative words: **inappropriate**
7) **VALUE** ... operative words: **should**
8) **FEELING** ... operative words: **bother**
9) **VALUE** ... operative words: **wrong**
10) **FACT** ... possible sources to verify: text, medical journal, family planning clinic
11) **VALUE** ... operative phrase: **more important than**
12) **FALLACY** ... possible sources to verify: medical journal, doctor (especially dermatologist)

You can even accept answers different from those above, if the student offering the answer can articulate his/her reasoning well enough. The exercise is not meant to be graded, though you may want to collect it as proof of participation (on a credit/no credit basis).

4. Reinforce the concepts using Clarity Exercise Two. Give instructions as follow:

   Notice again the signs, I've posted in each corner of the room: ***"FACT," "FEELING," "FALLACY," and "VALUE."*** *I am going to give each of you a Gamecard with a sentence on it. When you get your Gamecard, you will go to the corner you think is appropriate for your Gamecard. Remember that, for the sake of this exercise, a fact about a feeling counts as a feeling, and a fact about a value counts as a value. Your job today, is simply* ***to understand these four categories*** *(point to the signs),* ***NOT to debate individual opinions or beliefs on the issue****. There will be time on other days to discuss the issues.*

   Hand out the Gamecards, randomly. Give students a minute or so to get to their corners. Give the next instruction:

   Now, show your card to the others in your corner, discuss it, and get agreement from the others that you are in the correct corner. You can change corners, if the others convince you that you were mistaken, but don't just let them outvote you. Stand your ground, if you think your card really belongs in the corner you chose.

   Have each person read his or her Gamecard aloud and explain why he or she is in that particular corner. Those with facts can explain where they could go to get proof.

   We think the answers are:

   1-5 = **VALUES**

   16-20 = **FACTS**

   6-10 = **FEELINGS**

   21-25 = **VALUES**

   11-15 = **FALLACIES**

   26-30 = **FEELINGS**

Clarity Reference Sheet

For our purposes, a **FACT** will be defined as: *a provable, accurate statement ... based on scientific, medical, legal, sociological or psychological research or the opinions of "most" experts in a field.*

Hypotheses and theories can count, if they are identified as such. Facts can be confirmed by credible sources (ideally, scholarly journals ... but other sources without obvious biases count, too.)

Examples:

1. I think you can get pregnant even if you use the Pill.
2. Carmen said that most child molesters know their victims personally.
3. A woman usually releases about one egg per month.
4. On average, girls start puberty younger than boys.

For our purposes, a **FALLACY** will be defined as: *a misconception, stereotype or other overgeneralization, oversimplification, illogical conclusion, or other untrue statement.*

Myths and superstitions count, as do "lines" used to coerce, sell, con or manipulate.

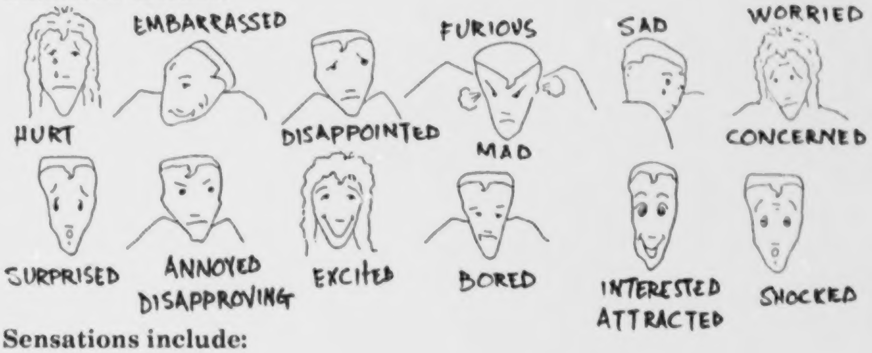
Examples:

5. If a woman doesn't bleed on her wedding night, she wasn't a virgin.
6. I think people who get crushes on people of their same sex are gay.
7. Chris said if I loved him, I would (have intercourse).
8. This toothpaste will make you sexy and help you attract gorgeous people.

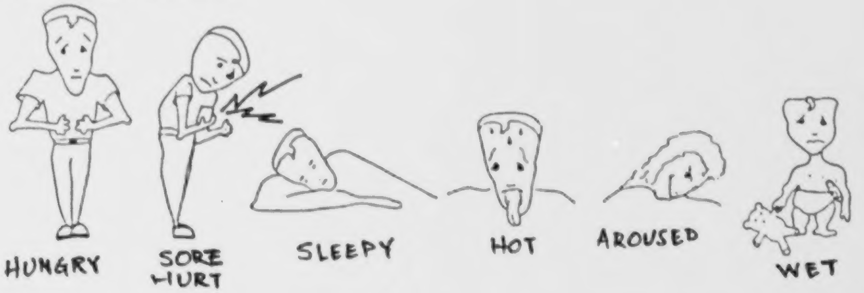
For our purposes, a **FEELING** will be defined as: an emotion or sensation.

They are often stated in the first or third person (as in "I'm angry about ..." or "Many people get turned on when ..."), although not always (as in, "Birth control foam is yukky!")

Emotions include:


EMBARRASSED
FURIOUS
SAD
WORRIED
HURT
DISAPPOINTED
MAD
CONCERNED
SURPRISED
ANNOYED
DISAPPROVING
EXCITED
BORED
INTERESTED
ATTRACTED
SHOCKED

Sensations include:


HUNGRY
SORE
HURT
SLEEPY
HOT
AROUSED
WET

People also sometimes say they feel: beautiful, fat, competent, juvenile, sexy, fragile, used ...

Examples:

9. Lena gets turned on when she kisses Sean.

10. I get sad thinking of all the babies lost through abortions.

11. It's awkward talking about sex in a classroom setting.

12. I have an itch down there.

For our purposes, a **VALUE** will be defined as: *a belief or opinion about the morals or ethics of an issue ... about right and wrong, good and bad, relative importance or what one should or shouldn't do.*

They make sense when preceded by the phrase, "Some people believe..." or the phrase, "In my opinion ..." Sometimes, values are religious in nature. Sometimes the words "healthy" and "normal" are used in value statement, to imply that something is acceptable or appropriate.

Examples:

13. I think it's stupid to "do it" without a rubber.

14. Many people believe it isn't right to have sex for money.

15. Masturbation is a healthy, positive outlet for teens' sexual feelings.

16. Prostitution is exploitive.

17. You shouldn't be attracted to another person's partner (husband, wife, boyfriend, girlfriend, etc.).

NOTE: For our purposes ...

A fact about a feeling counts as a feeling. (See number 12, on the previous page.)

A fact about a value counts as a value. (See number 14, above.)

A value about a feeling counts as a value. (See number 17, above.)

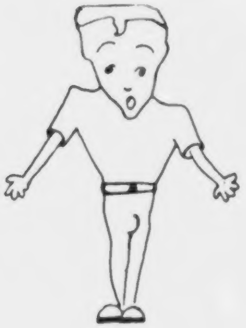
ALSO: Remember, just because you happen to agree with a value statement, that doesn't make it a fact. Even a universally held value — one that everyone agrees with — is a value.

Clarity Exercise One

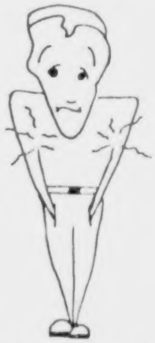
NAME DATE

PART ONE

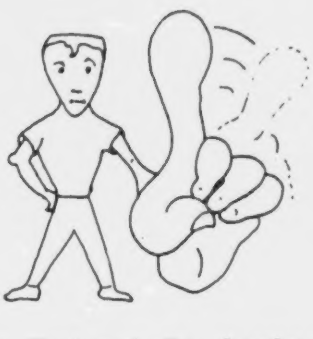
DIRECTIONS: In the blank after each statement below, write whether it is a **FACT, FALLACY, FEELING** or **VALUE**.



Guys may get embarrassed when they have erections in public.



Most people in our culture think you should shower or bathe more often after puberty.



If you "just say 'no'" to chocolate, you won't get acne.

A girl can get pregnant as soon as she releases an egg, even if she has never had a period yet.

PART TWO

DIRECTIONS: For each statement, write:

"**FACT**" if it is a true, factual statement ... one that could be proven, or about which most experts would agree.

"**FALLACY**" if it is a myth, stereotype, illogical conclusion, "line".

"**VALUE**" if it is about a moral opinion (right, wrong, good, better, best, bad, worst, etc.).

"**FEELING**" if it is about an emotion (happy, worried) or a sensation (tired, thirsty).

NOTE: For our purposes ... A fact about a feeling counts as a feeling. (e.g., "I have an itch down there.") A fact about a value counts as a value. (e.g., "Many people believe it isn't right to have sex for money.")

_____________ **1**. Julio is self-conscious around girls, especially ones he likes.

_____________ **2**. Hanh told me girls bleed on their periods.

_____________ **3**. I heard you can't get pregnant the first time you have sex.

_____________ **4**. I heard Tammy liked Andrew.

_____________ **5**. Sex with someone you love is satisfying and relaxing.

_____________ **6**. It's inappropriate to masturbate in public.

_____________ **7**. I was taught that men should never let anyone push them around, even if it means having to fight.

_____________ **8**. Having a pelvic exam doesn't bother me.

_____________ **9**. It's wrong to have an abortion, unless your life is in danger.

_____________ **10**. Birth control pills are made of hormones.

_____________ **11**. The quality of a couple's relationship is more important in their decision about sex, than whether they are married.

_____________ **12**. Acne is mainly caused by greasy foods in the diet.

Clarity Transparency

Feeling	**Value**
Fact	**Fallacy**

33

Clarity Exercise Two: Gamecards

1. Real men open doors for women.
2. I think a woman should pay her own way on a date.
3. My sister says its wrong to expect guys to take all the risks; she thinks a girl should sometimes ask a guy out.
4. If a guy pays for a girl's dinner and her ticket to a movie, he has a right to expect sex.
5. Nobody ever has a right to expect sex; it isn't something people should bargain for.
6. I get angry when I see a man walk right in to a building without holding the door for a woman.
7. It's frustrating doing the same job as a man and getting paid less just because you are female.
8. Katy likes it when Tony helps her on with her coat; it makes her feel feminine.
9. My Mom hates it when Dad tries to help her with her coat; it seems to her that he's saying she's a helpless child.
10. Some men get hurt when they act like gentlemen and women ignore it.
11. Women can't do jobs that take real strength, like driving eighteen wheel trucks.
12. Men are clumsy with babies.
13. Only gay men would want to be nurses.
14. Women athletes are usually lesbians.
15. If a girl wears a certain kind of clothes, everyone knows she is an easy lay.
16. It is illegal to discriminate against women in hiring.

17. On average, men have a higher proportion of muscle than women.

18. Only women can breastfeed babies.

19. Some men stay home and take care of the children while their wives work.

20. The average salary for women is lower than it is for men.

21. Most people believe that men and women should be paid the same salary for the same job.

22. I wouldn't vote for a woman for president, because she'd be too soft to declare war.

23. You don't have to stay at home to be a good mother.

24. It's only right to open the door for some one, male or female, if your hands are free and he or she is carrying things.

25. It is important for a man to work outside the home; he's a wimp if he lets a woman support him.

26. Charlie enjoys staying home with the baby while his wife works.

27. I was furious after I paid all that money and she wouldn't even kiss me goodnight.

28. I wanted to kill him, when he started acting like I owed him a kiss.

29. She makes me sick, threatening to break up if I don't do what she wants.

30. My grandfather loves to open doors for women; it makes him feel like a real man.

Lesson Plan 2

Child & Adolescent Sexual Development: Infant & Preschool

Student Learning Objectives:

to be able to ...

1. Explain at least three non-verbal ways in which parents influence their children's sexual development.
2. Begin to articulate messages about sexuality that he or she would like to communicate to his or her children.
3. Distinguish between toddlers' sexual behaviors which are common and developmentally normal and those that could warrant concern.

Materials Needed:

- PHOTOCOPIES

  One set of ...
    Parents-as-Sex-Educators
      Transparencies 1-5

  One copy per student of ...
    Parents-as-Sex-Educators Reference Sheet *
- CRAYONS, several per student
- PAPER, several 8.5x11" sheets per student, unlined
- VIDEO **

* *If you live outside the Seattle area, compile a new last page with your local resources before photocopying. We have provided a master page for your convenience.*

** *Use of a video is optional. For information about recommended videos, see Appendices D and E.*

Time Needed:

One class period without a video, two, with one

Agenda:

1. Explain the lesson's relevance and purpose.
2. Introduce the concepts of verbal and non-verbal, conscious and unconscious sexuality education in families.
3. Use the Transparencies and an individualized drawing exercise to help students begin to articulate messages for their own children.
4. Discuss the exercise.
5. In pairs, have students paractice applying the concepts, through discussion of up to eight parent/child scenarios.
6. Optional: video/discussion.
7. Use Reference Sheet for closure and resources.

ACTIVITIES:

1. Explain the lesson's relevance and purpose:

   Our sexuality was a part of us from the moment of fertilization *... some aspects of it, anyway, like our gender (whether we are male or female). Some other aspects of our sexuality, though not programmed from fertilization, began to form at birth ... as soon as our parents began to cuddle, feed and speak to us.*

   Many of you will be parents some day*; some of you may be already. Those of you who don't ever become biological parents may still find yourselves in parenting roles ... as teachers or day care workers; official or unofficial aunts or uncles; step, foster or adoptive parents and so forth. So most of you will be providing some sort of sexuality education to an infant, toddler or child. Whether you intend to or not,* ***you will be influencing that child's feelings and beliefs about his or her body, about his or herself as a male or female, about love and trust and affection****, and so forth.*

   Today, we are going to explore the role of parents as sexuality educators ... ***what you can do to help the children you love to grow up to be sexually healthy****. We will also examine normal child sexual development ... what to expect (from birth to about age six).*

   Remember that, when I say "parent" for the rest of the period, ***I do not mean just biological parent. I mean any adult in a loving, caretaker-type relationship with a child****. I am assuming that most of you will have some children you love in your lives; I am not assuming you will all necessarily become biological parents.*

2. To demonstrate that sexuality education is a constant process, which may not even be conscious or verbal, ask for a show of hands, or for people to stand up, in response to each of the following questions:

   a. *How many of you expect to tell your children you love them?*

   b. *How may expect to ever cuddle with them or kiss them goodnight?*

   c. *How many of the girls in the room think you might choose to breastfeed if you had a biological child?*

   d. *How many of you, male or female, think you will ever hold a child while you are bottle-feeding him or her?*

   e. *How many think you will ever show affection to another adult in your child's presence?*

   f. *How many think you will probably prefer not to be affectionate in front of them?*

   g. *How many of you will probably close the bedroom or bathroom door when company is present?*

   h. *How many think you might ever bathe, shave, put on make-up or get dressed in front of your child?*

   Discuss the concept that anybody who raised her/his hand for **any** of these questions will be providing sexuality education. Sexuality education is not always verbal. Non-verbal messages to the child, including modeling, are some of the most powerful messages ... whether or not the "sending" adult even realizes that she or he is teaching.

However, perhaps parents are more likely to send the messages they **want** to send, if they put a little conscious thought into it. That's what this lesson can help with:

- thinking about what things you would **like** to communicate to a child you loved, and
- considering how best to communicate those things.

3. Pass out crayons and paper. Explain that people will have about five minutes to draw a picture with a caption, illustrating one of the most important things they hope to communicate to their children about some aspect of sexuality. Let them know that, after they've drawn their idea, they will be asked to explain it. Before they start, show them Parents' Transparencies 1 through 4 to give them examples and a range of issues about which they may want to communicate. Some people will have time to illustrate more than one important idea (on separate pieces of paper), but everyone should do at least one.

4. Have people put their illustrations on their desks (face down, if they wish to "pass" on this part of the exercise). Then everyone spend four minutes wandering around the classroom looking at other people's "Important Ideas". Debrief when the class is seated again, by asking,

   "Without mentioning who said what, were there any messages anyone found particularly surprising? Can you share with us in a tactful, respectful way, any messages you might have found disturbing? touching? offensive? affirming?"

   In response to any of these questions, ask people to tell one another **why** they reacted as they did.

   Making clear that you are not criticizing, or trying to put anyone in a defensive posture, but simply challenging them to articulate their beliefs, you may also ask volunteers to:

   - explain **why** they chose the particular idea they chose,
   - whether they think their idea can be communicated best through non-verbal means (cuddling the child, modeling how men should act, etc.) or through verbal means (reading, talking), and
   - at what age they think they should bring it up, if the child hasn't brought it up yet.

   Depending upon the group, this debriefing may take two to twenty minutes.

5. Have people choose a partner for the next exercise. They should decide who will be "person A" and who will be "person B". Explain that, one at a time, you will read various scenarios ... situations that a parent might encounter. When necessary, you will also offer some information about normal development. Person A will respond to the first scenario, as if he or she were the parent. **He or she must speak for exactly one and a half minutes** about (put Transparency 5 on the screen as you list these steps):

   - how he or she might feel as the parent in this situation,
   - what thing(s) he or she would want the child to learn from this situation,

- what he or she, as a parent, might do or say to communicate that thing.

Then, Person B may respond ... sharing his or her own emotional reaction to the scenario and agreeing or disagreeing with what Person A wants the child to learn and how best to teach it. Both persons can discuss the issue for, perhaps, two or three minutes. Use your judgement regarding whether the dyads are staying "on task" and when it is time to move on.

It will be Person B's turn to go first on the next scenario. Do as many of the following as you have time for (in any order you choose):

SCENARIO ONE *

When you bathe your 18-month old son, washing his penis makes him have an erection.

Incidentally, I should contribute this fact: his response is normal. That is, it is to be expected if his sexual response system is functioning as it should, although not every infant will have the same response. But the fact that it is not something to worry about doesn't mean that you must feel a particular way.

NOTE: Point to each question on the Transparency as you continue:

1. *Think about how you would* ***feel****.*
2. *Think about* ***what you want him to learn*** *about bodies, touching, sexual feelings, etc.*
3. *Given how you feel, and what you want him to learn,* ***what will you do?*** *Will you ignore the erection? Will you comment on it? Will you stop bathing him and ask his other parent to do it, instead? What exactly will you do?*

Let me read the scenario for you once more ... Go. You have a minute and a half, Person A.

SCENARIO TWO

Your 3-year old daughter asks to take a shower with you now and then.

Incidentally, I should contribute this fact: her request is developmentally normal. That is, it is to be expected that she is curious about bodies (adult, child, male, female). But the fact that it is not something to worry about doesn't mean that you must feel a particular way.

Think about how you would feel.

Think about what you want her to learn about bodies, nudity, what is or isn't private in your family, etc.

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* Most of these eight scenarios were adapted, with permission, from **Sexuality Education in Beginning Families**, by Marian Williams, Tacoma-Pierce County Health Department, Copyright 1986.

Given how you feel, and what you want her to learn, will you invite her to join you or not? Will you explain why you are inviting her or turning her down? If you have a partner of the other gender, would you want him or her to let your three-year old join in a shower or not?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person B.

SCENARIO THREE

Your four year old asks, "How does the baby get into the mother?".

Again, a developmentally normal question. He or she is trying to understand life.

Think about how you would feel.

Think about what you want him or her to learn about pregnancy, sex, intercourse, family, etc.

Given how you feel, and what you want him or her to learn, what will you say? Will you keep it simple or go into detail? Will you get a book to read together or wait? What will you say and do?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person A.

SCENARIO FOUR

Your five year old has never asked any questions about sexuality.

This child is also behaving "normally" in not asking questions. Some children never do. That doesn't necessarily mean they aren't curious. It may mean you have sent out subtle signals that said, "I'm too busy for your questions. Don't bother me." or "Sex is a no-no. We don't talk about it in our family." Or it may be that the child is just a private person. Or maybe there haven't been many natural opportunities to bring things up lately (there haven't been any pregnancies among your family and friends, no flashers in the news, no slang words at kindergarten this year, no love stories on TV).

Think about how you would feel when you realized your five year old hadn't brought up any sexuality issues.

Think about what you want him or her to learn about sexuality, about talking with you, etc.

Given how you feel, and what you want him or her to learn, what will you say or do? If you'll just wait, when will you wait until and then what will you do or say? If you'll do or say something now, what might it be?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person B.

SCENARIO FIVE

You walk in on your five year old and the four year old neighbor playing "doctor" and examining one another's genitals.

This is developmentally normal. They may or may not be feeling sexual feelings. They may be curious about whether other kids of their own gender look like they do, or about how kids of the other gender look. If one were much older than the other, or if one were developmentally disabled, there might well be exploitation involved (pressure, power games). Given that they are close in age, this is probably not the case, though it doesn't hurt to check it out. But the fact that it is not something to worry about doesn't mean that you must feel a particular way.

Think about how you would feel and whether the children's genders would make any difference. Would your relationship with the neighbor family make any difference in your feelings?

Think about what you want your child to learn about his or her own and other people's bodies, about touch, privacy, sexual response, about other people's feelings and beliefs, etc.

Given how you feel, and what you want your child to learn, what will you say or do? Will you ignore it? If so, until when? Then what will you say or do? If you don't ignore it, what will you do or say?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person A.

SCENARIO SIX

Your four year old constantly rubs his or her genitals while the family watches TV together.

This is very common at this age. It is most likely masturbation, for comfort and stress-relief (like a security blanket) or for pleasure. If the child does this at other times, too, it could also be a sign that there was an infection or a sexual abuse problem, but probably not, if the child only does it at TV time. Still, the fact that it is not something to worry about doesn't mean that you must feel a particular way.

Think about how you would feel and whether the feelings of others in your household would affect how you felt.

Think about what you want your child to learn about his or her body, touch, masturbation, privacy, sexual response, about other people's feelings and beliefs, etc.

Given how you feel, and what you want your child to learn, what will you say or do? Will you ignore it? If so, until when? Then what will you say or do? If you don't ignore it, what will you do or say?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person B.

SCENARIO SEVEN

Your four year old wanders into your bedroom while you and your partner are making love.

This does happen. The child may want a glass of water or be waking from a bad dream. Or he or she may have heard noises and been curious or scared.

Think about how you would feel.

Think about what you want your child to learn about love, sex, sexual intercourse, privacy, etc.

Given how you feel, and what you want your child to learn, what will you say or do at that moment? What will you say or do in a half an hour or tomorrow?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person A.

SCENARIO EIGHT

Your three year old son likes to dress up in his mother's clothes and jewelry ... or your three year old daughter likes to wear her father's football jersey and cleats.

This is developmentally normal behavior. That is, it is common and is not necessarily any reflection of the child's gender identity, or his or her gender orientation, or even of his or her future role choices. It usually reflects either a child's attachment to the parent of the other gender or simple imagination (not unlike making believe that one is a pirate, a clown or an elephant). But the fact that it is not something to worry about doesn't mean that you must feel a particular way.

Think about how you would feel and whether the gender of the child would make a difference in your feelings.

Think about what you want your child to learn about men and women, about his or her own gender identity and role and about yours and other people's, etc.

Given how you feel, and what you want your child to learn, what will you say or do at the moment the child shows up in these play clothes? What will you say or do in a half an hour or tomorrow?

Let me read the scenario for you once more ... Go. You have a minute and a half, Person B.

6. Show and discuss a video, **if** you can allow two days for the lesson. There are a number of highly recommended infant and child sexuality (and parent-as-sex-educator) videos. See Appendices D and E.

7. Hand out and take turns reading aloud the Parents-as-Sex-Educators Reference Sheet. It will summarize the most important facts for (future) parents to know about child sexual development (what is normal, what may be signs for concern), and provide some tips and resources.

   If your class can be depended upon to do their homework, and if they are all skilled readers, reading the Reference Sheet can be a homework assignment ... to allow more time for activity #5, above. However, the information contained in the Reference Sheet is important. Have it read aloud in class, if there is any doubt regarding students likelihood of doing homework.

   Note, if you live outside the Seattle area, you will need to replace the last page of the Reference Sheet with one that lists your local resources.

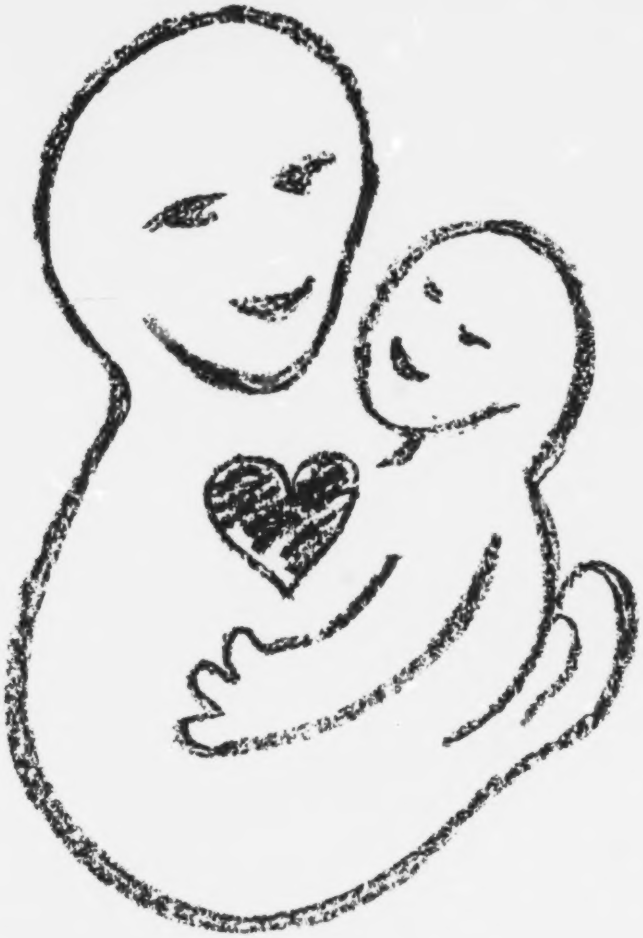
Parents-As-Sex-Educators Transparency 1

WHAT VERY IMPORTANT IDEA DO YOU WANT TO COMMUNICATE TO YOUR CHILD ABOUT...

Pregnancy, Birth
Bodies
Sex
Affection
Love
Birth Control
Puberty
Sexual Intercourse
Pre-marital Sex
Words, Slang
Homo/Hetero/Bisexuality

Sexual Hygiene
Talking With You
Men, Boys
Women, Girls
Nudity
Masturbation
STDs, AIDS
Friendship
Sexual Abuse
Families
Him or Herself

Parents-As-Sex-Educators Transparency 2

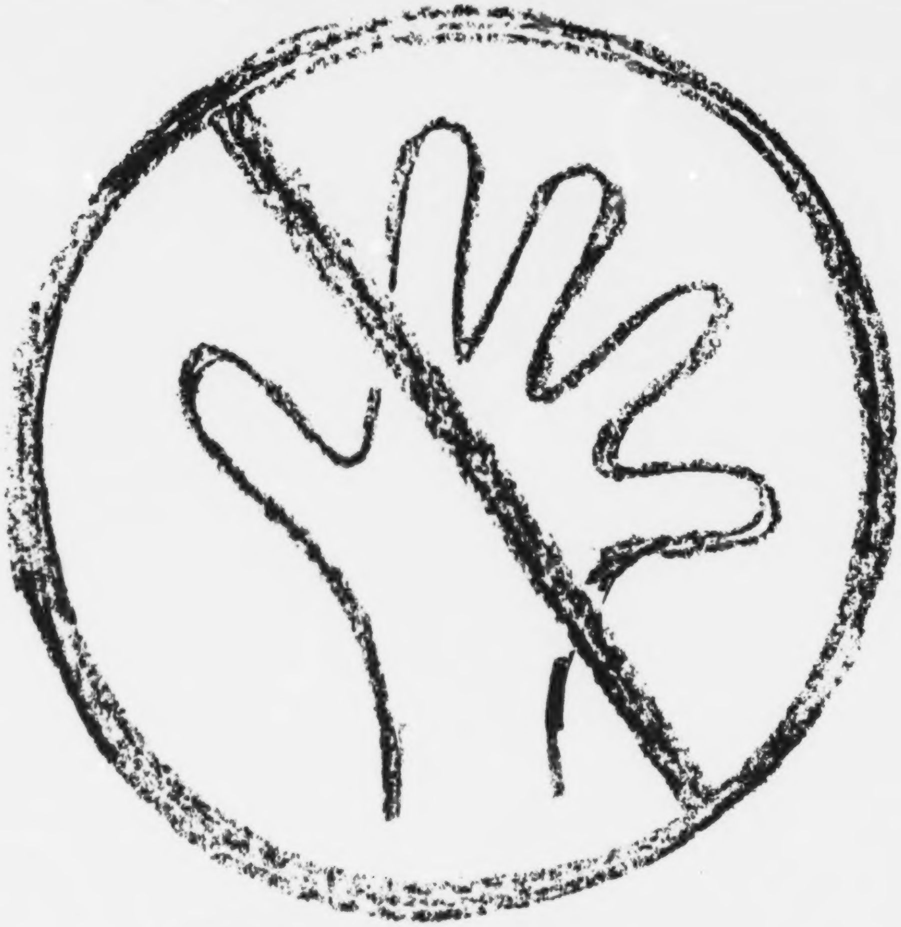


TOPIC: Him or Herself

IMPORTANT IDEA:

"You are very loveable."

Parents-As-Sex-Educators Transparency 3

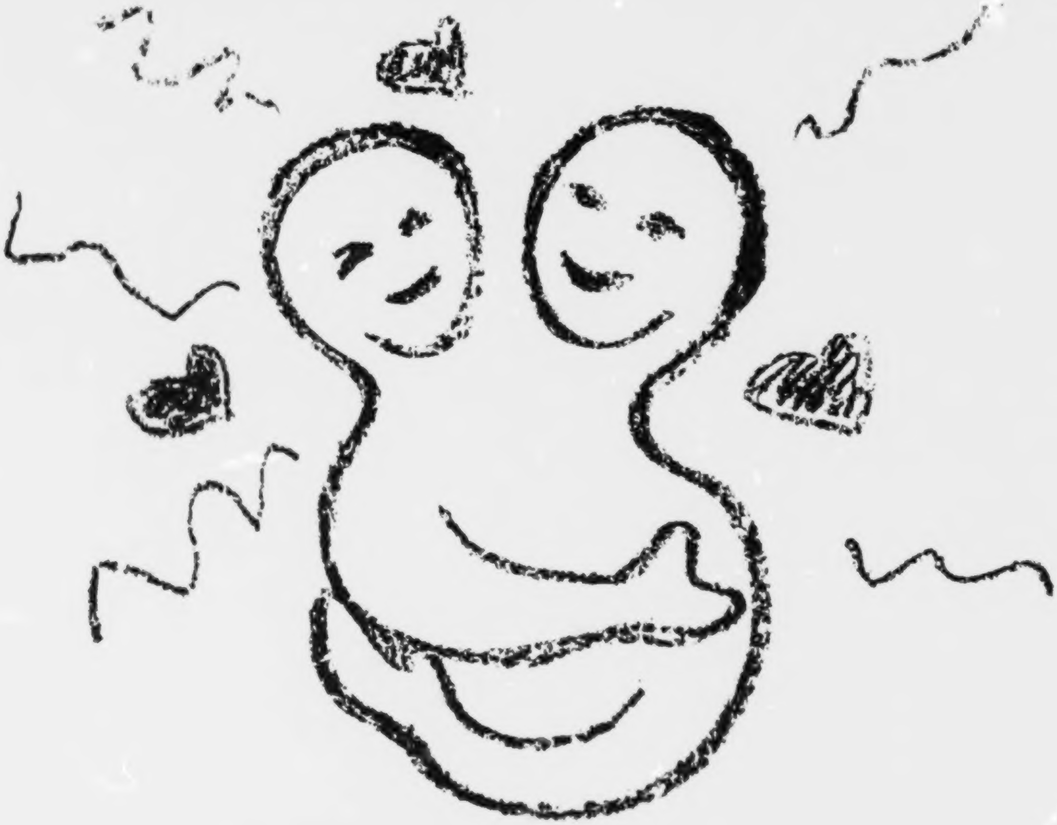


TOPIC: Masturbation

IMPORTANT IDEA:

"I hope you will not masturbate."

Parents-As-Sex-Educators Transparency 4



TOPIC: Sexual Intercourse

IMPORTANT IDEA:

"Mommy and Daddy enjoy sex with one another. Sex is a wonderful gift."

Parents-As-Sex-Educators Transparency 5

1.
How might I *feel* as the parent in this situation?

2.
What thing(s) would I want my child *to learn* from this situation?

3.
If I were the parent, what could I *do or say* to communicate those things?

Parents-As-Sex-Educators Reference Sheet

What is "normal"?

What does the word mean? Different things. For our purposes, it means:

> "common . something that children of a certain age often do, for reasons that have to do with healthy sexual development"

We are not using the word normal to equal "right". Just because a behavior is normal for children of a certain age, that doesn't mean it must be acceptable in your family. It just means the behavior is common, and that is not usually a sign of a deeper problem. It means it is not a cause for worry . that you don't need to consult a doctor or expert, or try to change the child's behavior . unless it conflicts with your family's values or makes you very uncomfortable.

What Do Parents Need to Know About Child Sexual Development?

A FEW NORMAL BEHAVIORS

1. All babies get erections and most masturbate.

   Babies are born with the ability to feel pleasure in their genitals. Male children of all ages will have erections occasionally. Female children will also have erections (of the clitoris) and their vaginas will lubricate. Babies will touch and play with their genitals, just as they do with everything else in their world.

2. Most babies go through a shy period.

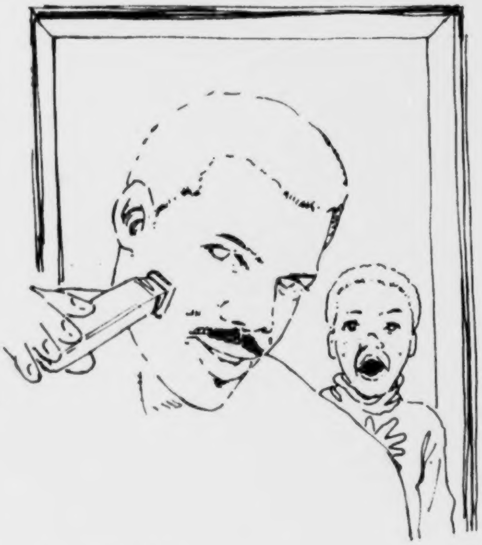
   Between about 6 months and one year of age, they may be fearful of strangers. This is nothing to worry about. They just need the safety of people they know.

3. All toddlers show an interest in other people's bathroom behavior.

   It is perfectly normal for a one- to three-year-old to want to watch and talk about how others use the toilet. This interest is one sign that a child is getting ready to be "toilet trained". Girls may imitate Daddy's bathroom behavior (if they live with Daddy) by trying to stand up to urinate. Many children will ask people whether they stand or sit. At two or three years old, most children have enough muscle control (and interest), to begin toilet training. It's best to let the child set the pace.

4. Most children are curious about pregnancy and birth.

   It is common for pre-schoolers to ask where babies come from. They need simple, honest answers to their questions.



5. Almost all pre-schoolers are curious about bodies.

   Up to age three or four, many will show a great interest in watching their family members dress, shave, bathe, and shower. Many children want to bathe or shower with parents as toddlers, and with brothers and sisters for a few more years. It is also very common for small children to play "show-me" games with their peers. As long as they are about the same age, and neither seems to have talked the other into it, it is probably perfectly healthy.

POSSIBLE SIGNS FOR CONCERN IN PRESCHOOL-AGE CHILDREN

When to pay special attention...

A. A child is suddenly reluctant to go to a particular place or to be with a particular person.

B. The child wants to kiss a parent with an open mouth, even after the parent has said he or she wasn't interested.

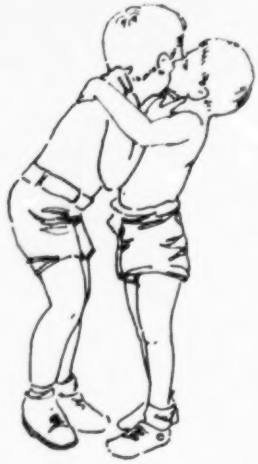
C. A child who always slept through the night becomes fearful of sleeping alone, suddenly needs a nightlight, begins having nightmares, or starts wetting the bed.

D. The child returns to younger, more baby-like behavior.

   This is a common, healthy response to stress . for instance after the birth of a baby brother or sister. But if there is no obvious reason like that for the change, it might be a sign for concern.

E. A child loses his or her appetite, or has a sudden increase in appetite.

   By itself, this might not be a sign for concern. But coupled with other sudden changes, it is worth paying attention to.

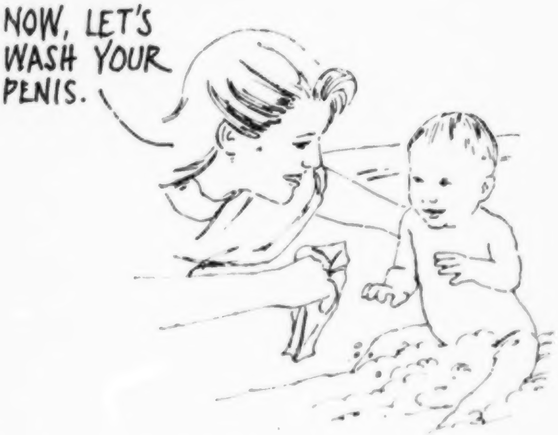


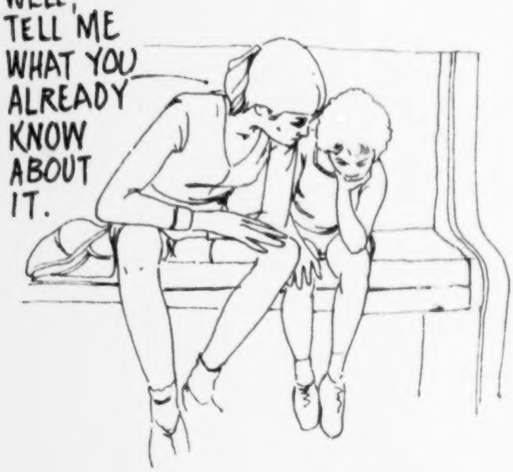
F. A child gets involved in sex play with another child who is more than a year older or younger, or one child seems to have pushed or forced the other into it.

As long as they are the same age, and both seem to have chose it, it is probably simply a sign of curiosity and not a cause for worry. But if there is a big difference in maturity or power, it can be a serious problem.

FIFTEEN TIPS TO REMEMBER:

1. Be honest.
2. Use words the child can understand.
3. Use soft, playful "family words" for sexual issues and body parts, if you like, some of the time.
4. Be sure to use standard, accurate "adult words" for sexual issues and body parts some of the time.
5. Show your children that:
    - you like their curiosity and enjoy answering their questions (about other issues, too . not just sex).
    - you'll be patient . it's OK to ask the same thing again later.
    - they can trust you and come to you even when they make mistakes.
    - you will talk about sexual issues even when you feel awkward, because they deserve it.


NOW, LET'S WASH YOUR PENIS.

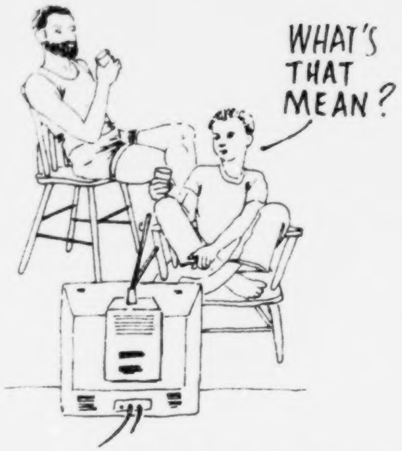

WELL, TELL ME WHAT YOU ALREADY KNOW ABOUT IT.

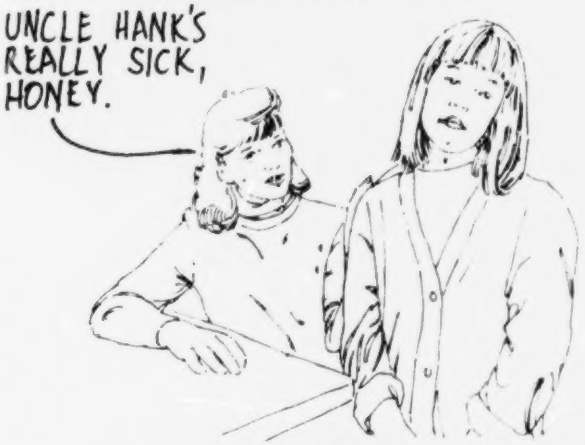
6. Share not only information, but also your feelings and values.
7. Listen. Let your children share their knowledge, feelings and values with you, too.
8. Teach them about sexual exploitation and diseases just as you would about other dangers.
9. Remember to teach not only the dangers of touch and sex, but also their joys.

10. Start conversations . remember that some children never ask.

11. Read books aloud together about sexual issues.

12. Use every day life to trigger talking: a TV show, a pregnant aunt, a man hugging his child in the store, a woman driving the bus . even a condom on the playground.


WHAT'S THAT MEAN?


UNCLE HANK'S REALLY SICK, HONEY.

13. Help your children prepare for important life changes. Don't wait until after the birth of a brother or sister, or until after the child's first "wet dream" or period, to talk about it. Don't wait for the child to overhear grownups talking about Uncle's having AIDS, or to hear of it from another child.

14. Don't worry about saying "too much".

If it's too complex, your child will just be bored, not hurt.

It only hurts:

1. if it is dishonest,

OR 2. if it teaches things your family disagrees with (e.g., that bodies are nasty, that sex is dirty, that men or women are bad, etc.)

AND 3. you don't talk about what you do believe.

15. Don't worry about not knowing all the facts.

You can look up facts together!

What matters is that you talk, especially about things the child can't look up or learn in school:

your feelings,

your beliefs,

and why you feel and believe the way you do.

Can Parents of School-aged Children Count on the Schools to Provide "Sex Ed" for Them?

NO.

For two reasons:

1. Most schools provide very few hours of sexuality education.

   They often teach nothing, except perhaps about sexual abuse, in kindergarten through fourth grade. The average time spent on "sex ed" in grades five through twelve in most districts is fewer than four hours a year.

   In contrast, your child's friends will provide hours and hours of "sex ed" on the bus and the playgound. Your child will receive hundreds, maybe thousands, of hours of "sex ed" from TV. Then, there's "sex ed" in movies, on the radio, on bathroom walls.

   Do you want the few hours the school provides to be the only alternative to these other sources of "facts"?

2. The school can only do so much.

   It can teach facts. And it can encourage your child to talk with you. It can even teach certain values . those that almost all families agree upon. (For instance that adults should not have sex with children.)

   But a public school can't teach values about controversial issues (where families disagree about what's right). No one else but you is able to teach your values, and your feelings about these issues.

Where can a Parent Turn for Help?

A. A few good **BOOKS** about family life and sexual health for **YOU** as future Parents include...

- **Does AIDS Hurt?**, M. Quackenbush and S. Villareal
- **He Told Me Not to Tell**, J. Fay
- **Human Sexuality: The Family Sourcebook**, S. Goldsmith
- **Raising a Child Conservatively in a Sexually Permissive World**, S. and J. Gordon
- **Sex Education for Toddlers to Young Adults: A Guide for Parents**, J. Kenny
- **Show Me Yours: Understanding Children's Sexuality**, R. and J. Goldman
- **Talking With Your Child About Sex: Questions and Answers From Birth to Puberty**, M. Calderone and E. Johnson
- **The Family Book About Sexuality**, M. Calderone and E. Johnson

B. A few good **READ-TOGETHER BOOKS** about family life and sexual health for **PARENTS AND CHILDREN** (ages one to five) include .

- **A Man Can Be ...**, Kempler
- **A Very Touching Book**, Hindman
- **Abby**, Caines
- **All Kinds Of Families**, Simon
- **Bellybuttons Are Navels**, Schoen
- **Boys and Girls, Girls and Boys**, Merriman
- **Come Sit By Me**, Merrifield
- **Did the Sun Shine Before You Were Born?**, Gordon and Gordon
- **Everybody Knows That**, Pearson
- **Free To Be ... You and Me**, Thomas
- **Going to the Doctor**, Rogers
- **Heather Has Two Mommies**, Newman
- **How Babies Are Made**, Schaffer
- **How I Feel**, Behren
- **I Have Feelings**, Berger
- **In Christina's Toolbox**, Homan
- **Is That Your Sister?**, Bunin and Bunin
- **Jenny Lives With Eric and Martin**, Bosche
- **Losing Uncle Tim**, Jordan
- **My Daddy Is a Nurse**, Wandro
- **My Special Best Words**, Steptoe
- **Our New Baby**, Fagerstrom and Hanson
- **Sunshine**, Omerod
- **The Sneetches**, Seuss
- **Two Homes To Live In**, Hazen
- **What Is a Girl? What Is a Boy?**, Waxman
- **Where Do Babies Come From?**, Sheffield
- **Why Am I Different?**, Simon
- **William's Doll**, Zolotow
- **Your Family, My Family**, Drescher

NOTE: Before reading any books aloud with your child, we suggest reading them yourself. Think about how well they reflect your family's values. Think about the needs of your particular child.

C. Some COMMUNITY AGENCIES can provide parents with information, advice and/ or classes on "how to talk with your children about sexuality".

I. **Look in the yellow pages under:**

"Youth Services, Organizations and Centers"

"Social Service Organizations"

"Family Service Organizations"

II. **If you belong to a church, synagogue, mosque or temple, call the regional office to see if they offer classes or workshops for parents, or for parents and children TOGETHER.**

III. In the Seattle area, parents can call:

AIDS Hotline, Seattle-King County Public Health	296-4999
Campfire Program	461-8550
TDD	322-4996
Childbirth Education Association of Seattle	367-2327
Children's Hospital, Resource Line	526-2500
TDD	526-2223
Community Information Line	461-3200
Eastside Sexual Assault Center for Children	462-5130
Family and Youth Services	386-1001
Family Planning Program, Seattle-King County Public Health	296-4672
Family Services, Family Life Education Program	461-3883
Four-H Program	296-3900
Girls Incorporated of Puget Sound	722-0822
Girl Scouts, Totem Council Office	633-5600
Harborview Sexual Assault Center	223-3047
Library Information Lines, Seattle	386-4636
TDD	386-4687
King County	462-9600
Parent Place	364-9933
Parents Anonymous	233-0139
Program for Early Parent Support	547-8570
Ryther Child Center	525-5050
Seattle Counseling Service for Sexual Minorities	282-9307
Sex Information Line, Planned Parenthood	328-7711

III. In our area, parents can call:

Lesson Plan 3

Child & Adolescent Sexual Development: Gender Roles

Student Learning Objectives:

to be able to ...

1. Define and distinguish between "gender role" and "role extreme or stereotype".
2. Recognize that a person's gender role is probably to some extent biologically predisposed and, yet, to a great extent socially learned.
3. Give examples of dangerous or destructive consequences of carrying gender roles to extremes.
4. Describe ways in which sexual stereotyping hurts us all, men and women alike.

Materials Needed:

- PHOTOCOPIES

One of
  Gender Role Transparency

One per student of ...
  Individual Homework Exercise

At least eight sets per class of ...
  Family/Friend Homework Exercises A-D *

* *Eight copies of each Family/Friend Homework Exercise will allow each student to choose at least one, if he or she prefers this to a written individual assignment*

Time Needed:

One class period

Agenda:

1. Discuss the lesson's relevance.
2. Use the Gender Role Transparency and discussion to define the concept of "gender role" and to introduce the origins of gender roles (a combination of biological and social factors).
3. In small, highly structured, co-ed groups, have students articulate the advantages and disadvantages of (what they like and what's difficult about) being whichever gender they are. Have them describe their perceptions of people of the other gender (from their own experience and/or as portrayed in the media).
4. Use a fishbowl exercise to help students identify and debunk myths and stereotypes about their own gender and examine how gender role extremes and stereotypes damage people of both genders.
5. Debrief the Exercise, helping the class distinguish between a gender role, per se, and a role extreme or stereotype. Help them consider the costs of these latter phemomena.
6. Assign homework.

ACTIVITIES:

1. Discuss the lesson's relevance:

   You are well aware that adolescence is a time of change. One of the tasks a teen must accomplish, one of the normal parts of adolescent development, is to figure out what it means to him or her to be a man or a woman. Each person has to find his or her own path ... after sorting through all the messages from family, friends, the media and his or her own heart. This lesson will give you a chance to examine your own feelings and beliefs about men's and women's roles and to hear a little about other people's journeys.

2. Use the Gender Role Transparency to define the term. Ask the class where they think gender roles come from (the origins of a person's gender role).

   Emphasize that, while experts may disagree about the relative influences of biology and learning on gender roles, clearly both are involved to some extent.

   Studies do show that increased testosterone (a male hormone that is one of a family of chemicals called steroids) makes a person more aggressive. And there are clearly differences in brain and body structure between men and women that may account to some extent for how we behave. Biology influences behavior.

   On the other hand, anthropologist Margaret Mead found cultures where women managed all the business affairs, other cultures where men and women shared responsibility for raising children, and still others where both men and women were warlike. Other studies have been done on pseudo-hermaphrodites mistakenly raised as the wrong gender. A baby with, say, testes and male hormones, but rather female-looking genitals might be raised as a girl, by mistake. In most cases, this baby would grow up with a female identity and would adopt a traditionally feminine role. This suggests that social learning influences behavior.

3. Have students form same-gender pairs. If there is an odd number of men or women in the class, allow one or two three-person groups.

   Have each pair join a pair of the other gender, to form co-ed groups of four. If there is an extra pair, they may join with a foursome to create one group of six.

   Explain that people will be taking turns acting as Speakers and Listeners. There will be two (or three) Listeners at a time and two (or three) Speakers. The **Speakers** will be given a question to address. Their job is **to share the floor for the entire time** allotted, until you flash the lights. The **Listeners'** job is **just to listen**. They may not express agreement or disagreement or ask questions of the Speakers. Their job is to give the Speakers their undivided, rapt attention. They may nod, lean forward, and make eye contact; but they may not make faces or otherwise express their own opinions while acting as Listeners.

   After exactly two minutes, you will flash the lights and the Speaker should finish his or her thought and then turn all attention to you (the teacher). Acknowledge that you realize that many people will not be finished with all they have to say. It is important to keep the process moving rapidly so that everyone gets a chance to participate and so that they leave class with lots to think about ... and to **keep** talking about.

When you have everyone's attention, you will pose another question and everyone will switch roles; the former Speakers now act as Listeners and vice versa. Flip a coin to decide whether guys or girls will be the first to act as Speakers.

Questions to pose are as follow:

a. *Guys, what do you **like** about being a man and what's **difficult** about it?*

b. *Girls, what do you **like** about being a woman and what's **difficult** about it?*

c. *Guys, describe women ... those you know personally and/or those in the media.*

d. *Girls, describe men ... those you know personally and/or those in the media.*

4. Use a "fishbowl" exercise to address role extremes and stereotypes. Here's how:

   Put a circle of four chairs, facing one another, in the center of the room. If guys were the first Speakers in the previous activity, have girls be first in this one or vice versa. Whichever gender is to be first, invite four volunteers of that gender to sit in the chairs in the "fishbowl". They will have a five or ten minute conversation, in response to a question or questions you will pose.

   At first, observers may only listen. However, after everyone in the fishbowl has had at least one opportunity to speak, you, as the facilitator, may decide to stop the conversation long enough to invite others of the same gender to tap a fishbowl participant on the shoulder and take his or her place. Whenever the conversation seems to need a boost, you may pose another question. You may also, at some point, add a fifth chair and invite people of the other gender to take that chair in order to ask a question of the four people in the fishbowl.

   Ask the guys' fishbowl, for example:

   What myths and stereotypes about men make you most angry or frustrated?

   *What do you think are the **facts** (what accurate information should replace those myths and stereotypes)?*

   Do you think some young men grow up believing those fallacies? Why?

   Men have higher rates of homicide, successful suicide, and heart disease than women. Do you think that is partly a function of gender role extremes? Why or why not? How else do guys get limited or hurt or even killed by gender role extremes or stereotypes?

   What do you wish women understood about men?

   Ask the girls' fishbowl, for example:

   What myths and stereotypes about women make you most angry or frustrated?

   *What do you think are the **facts** (what accurate information should replace those myths and stereotypes)?*

   Do you think some young women grow up believing those fallacies? Why?

   Women have higher rates of anorexia and bulimia than men, both of which can be fatal. Do you think that is partly a function of gender role extremes? Why or why not? How else do girls get limited or hurt or even killed by gender role extremes or stereotypes?

   What do you wish men understood about women?

5. Debrief the exercise by helping the class distinguish between **"gender roles"**, which are not inherently "good" or "bad", and **"role extremes"** and **"role stereotypes"** which can, at the least, limit an individual's potential and, at their most destructive, cost lives.

   Point out that traditional masculinity, for example, includes such traits as courage, independence, and the desire to protect others. Traditional femininity includes traits such as beauty, sensitivity, and the desire to nurture others. Help students recognize that each of these characteristics could be considered a strength, an asset, or a very normal healthy human trait. Thus, there is nothing inherently wrong with any of these attributes. All are good.

   Then discuss why, even though each one **can** be complimentary, all can **also** cause problems and pain. They do this when they are either carried to extremes or turned into stereotypes. Write the terms **"EXTREMES"** and **"STEREOTYPES"** on the blackboard and ask for explanations and examples.

Extremes:

Some roles are destructive when carried to an extreme, which is what people may do to **prove** their masculinity or femininity. A man's need to **prove** he has courage, may lead him to fight and die in homicide. His need to prove that he is independent may lead to risk-taking with sex and drugs and, in turn, lead to AIDS. A woman's need to prove that she is traditionally beautiful and, hence, desireable, may lead her to sexual risk-taking and, in turn, to uplanned pregnancy or AIDS.

Stereotypes:

Roles can also be destructive when they become stereotypes ... when people start to believe that a whole group of people is alike (or should be). Then, people feel they have to **make** themselves fit the description, even if it isn't really them ... or they feel they cannot **let** themselves fit the description, even if it **is** really them. Suppose a woman really doesn't care for children or enjoy nurturing others, but feels she should be a mother anyway, because her feelings are somehow unnatural ... **all** women are supposed to like taking care of people. Suppose a guy would really make a wonderful nurse, but he doesn't let himself go into nursing because only women are supposed to enjoy or be good at taking care of others. At its most destructive, trying to be something one is not, or **not** to be something one is, can lead to unhappiness, depression, or even suicide. (For more background on the concept of sexual stereotypes, see Appendix G: Teachers' Glossary.)

6. Hand out the Gender Roles Homework. There are four different Family/Friend assignments. You can hand them out randomly, or give each student all four and have them choose which one they would like to do.

   Each student should also receive one copy of the Individual Homework Exercise, as an alternative, for the same credit.

   Summarize the lesson:

   > *The goals, I think, are to increase communication between the sexes, to decrease our need for damaging role extremes and stereotypes, and to recognize how much people have in common, regardless of their genders.*

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GENDER ROLE:

One's beliefs and feelings about the appropriate and/or comfortable expression of one's gender ... about how to act (dress, speak, react to an insult, choose a career, walk, sit, decide on chores, etc.) as a man or a woman

Individual Homework Exercise on "Gender Roles"

What does it mean to you to be a man or a woman? How have you been affected by the gender role expectations of your culture(s)? This is your chance to put your thoughts on paper. You have several choices. Below are four poems showing the ways four different people might feel they've been affected by their cultures. You can write a one to two page paper in response to these poems. Or you can write your own poetry or a play or short story to express your reaction to today's class.

ONE: A MAN IS NOT A LOVER

They said, "Compete." I did. I played to win ...
instead of having fun. I guess I won.
They said, "Act tough." I did. I learned to fight ...
instead of how to care. I guess they're scared.
They said, "Be strong." I did. I acted cool ...
instead of being me. I guess I'm free.

But I felt crippled, when I lost my dad.
I couldn't cry, though he was all I had.

And I felt sad, when Mikey skinned his knee.
He went to you for comfort, not to me.

I sometimes wonder if the jobs of bosses,
can pay enough to make up for our losses.

I wonder if I ever can recover,
from learning that a Man is not a Lover.

TWO: TO FIND THE WOMAN

"Girls are always nice." They taught me well.
So I would smile no matter how I felt.
"Isn't she soft-spoken?" People smiled.
I must have thought, "Be quiet and be mild."
"Ladies do for others," I was told.
So I helped out ... was always good as gold.

It got to where I never really knew
what I felt or thought, or liked to do.

And then one day
my daughter told her cousin
that girls were dumb ... and she was mad she was one.

"Oh, no," I thought,
"What has the child been seeing,
that she believes her self isn't worth being?"

Looking in the mirror ... I decide to find the
Woman I've learned so well to hide.

THREE: JUST NOT A JOCK

I didn't do too well at all the games.
I never was the Jock ... who got the "Dames".
I couldn't change my looks to fit the part.
While you were lifting weights, I did my art.

You say you paid a price for being tough?
Well I paid, too ... My art wasn't enough.

I wanted kids to call me in the halls,
to party, and to hang out at the malls.

I wished that girls would somehow know
my name,
that coaches would treat all the guys the same.

Not so much a Nerd, Just not a Jock ...
I never liked the bite of locker talk.

I thought I couldn't be a Marlboro Man.
I thought that only other people can.

It took me years of pain, to figure out
that being me is what it's all about.

FOUR: A SWIMMER AND A POET

I wasn't ever good at acting shy.
I didn't look the part. I don't know why.
I always felt a klutz at nails and blusher.
I never learned to flirt. They said, "Don't rush her."

"She's simply a late bloomer," was the answer,
to explain a girl who never was a dancer.

But it was never me ... it didn't fit.
I didn't like the way girls had to sit.
You say you paid a price for "cute and witty"?
Well, I paid too ... I thought I wasn't pretty.

Fact is: I was. I had no way to know it.
And I was smart, a swimmer and a poet.
Girls got no points for things like fixing cars.
I might as well have been a kid from Mars.

It took me years before I came to see that being
"woman" just meant being me!

Family/Friend Homework on "Gender Roles"

Exercise A:

Below are eight open-ended sentences about what it means to be male or female ... in your opinion. Read them and think about how you would finish each sentence. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) The best thing about being a boy is (or would be):

(2) The best thing about being a girl is (or would be):

(3) A guy in our school would get teased, or people would at least think he was weird, if he:

(4) A girl in our school would get teased, or people would at least think she was weird, if she:

(5) I think girls really want guys to:

(6) I think guys really want girls to:

(7) If I had to pick one female hero, it would be _____________, because:

(8) If I had to pick one male hero, it would be ___________, because:

✂ -

Family/Friend Homework on "Gender Roles"

EXERCISE A ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ________________

We have completed Gender Role Homework Exercise A.

Date: ____________ ____
student's signature

____
signature of family member or friend

Family/Friend Homework on "Gender Roles"

EXERCISE B:

Below are eight open-ended sentences about what it means to be male or female ... in your opinion. Read them and think about how you would finish each sentence. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Most boys I know would get praised by their parents if they:
(2) Most girls I know would get praised by their parents if they:
(3) A lot of teachers expect girls to:
(4) A lot of teachers expect guys to:
(5) I believe a real man:
(6) I believe a real woman:
(7) If I had to pick one female hero, it would be __________, because:
(8) If I had to pick one male hero, it would be __________, because:

Family/Friend Homework on "Gender Roles"

EXERCISE B ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: _______________

We have completed Gender Role Homework Exercise B.

Date: __________ ____
student's signature

____
signature of family member or friend

Family/Friend Homework on "Gender Roles"

EXERCISE C:

Below are eight open-ended sentences about what it means to be male or female ... in your opinion. Read them and think about how you would finish each sentence. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) If I had a daughter, I would want her to know:

(2) If I had a son, I would want him to know:

(3) I wish that all women:

(4) I wish that all men:

(5) I wish it were easier for women to:

(6) I wish it were easier for men to:

(7) If I had to pick one female hero, it would be ___________, because:

(8) If I had to pick one male hero, it would be ___________, because:

✂- -

Family/Friend Homework on "Gender Roles"

EXERCISE C ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: _______________

We have completed Gender Role Homework Exercise C.

Date: __________ ____

student's signature

____

signature of family member or friend

Family/Friend Homework on "Gender Roles"

EXERCISE D:

Below are nine open-ended sentences about what it means to be male or female ... in your opinion. Read them and think about how you would finish each sentence. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) I think parents should let their sons:

(2) I think parents should let their daughters:

(3) The thing I like best about my closest male friend is:

(4) The thing I like best about my closest female friend is:

(5) If my brother decided to become a ballet dancer, I would feel ___________, because:

(6) If my mother started working out, lifting weights, I would feel ___________, because:

(7) If my father decided to work part time, so that he could be home with the family, I would feel ___________, because:

(8) If my sister started walking with a long stride, the way guys often do, and posturing "like a guy", I would feel ___________, because:

(8) If I had to pick one female hero, it would be ___________, because:

(9) If I had to pick one male hero, it would be ___________, because:

Family/Friend Homework on "Gender Roles"

EXERCISE D ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: _______________

We have completed Gender Role Homework Exercise D.

Date: __________

____
student's signature

____
signature of family member or friend

Lesson Plan 4

Child & Adolescent

Sexual Development:

Gender Orientation

and the Individual

Student Learning Objectives:

to be able to ...

1. Define at least six relevant terms (gender orientation, heterosexual, homosexual, bisexual, gay, and lesbian).
2. Distinguish among facts and common fallacies (myths/stereotypes) regarding homosexuality and bisexuality.

Materials Needed:

- PHOTOCOPIES

One set of ...
  Gender Orientation Transparencies 1-8

One per student of ...
  Gender Orientation Quiz

At least one class set of ...
  Gender Orientation Reference Sheet *

At least six per class of ...
  Family/Friend Homework Exercises A-E *

* *One class set of the Reference Sheet may suffice, even if you teach six sections of Health; not every student will want his or her own to keep. Six copies of each Homework Exercise will allow each student to choose at least one.*

Time Needed:

One class period

Agenda:

1. Explain the lesson's relevance and purpose.
2. Review the importance of ground rules.
3. Define/distinguish among key terms and introduce the Kinsey scale, using Transparencies 1-7.
4. Use the Quiz and Reference Sheet (or Quiz and Transparency 8, if time is short) to address common questions and to dispel myths/stereotypes.
5. Assign Homework.

RATIONALE:

We don't have any choice but to teach about gender orientation. Schools are already places children learn about it. They simply learn inaccurate, destructive messages.

> *"In schools across the country, even very young children learn the codes, passed on in jokes and whispers: don't wear certain colors to school on a particular day, or you're queer. Lessons are learned each time a child discovers that one of the surest ways to deliver an insult is to accuse another of being a lezzy, a faggot, a sissy. Children may not always know what these words mean, but they know the pejorative power of this language ... Lessons are learned each time adults speak and act as if everyone in the world is heterosexual, or should be ... Adult acquiescence in homophobia places lesbian and gay youth at great emotional and sometimes physical risk."*
>
> Whitlock, Bridges of Respect

All students, regardless of their gender orientation, learn this mythology and hatred in school. We can educate actively, replacing mythology with knowledge, hatred with respect, or we can educate passively as we always have. Those are the only two alternatives. Either way we teach. But why should our teaching about gender orientation be open and intentional?

(a) Because it is an issue of **personal importance to a great number of children** ... especially those who are gay or lesbian (4-10% of youth) or bisexual or who have a loved one who is. Together, these children comprise the largest minority group in many school districts.

(b) Because schools have an obligation to support and enhance all **students' self-esteem** ... including that of students who are gay, lesbian or bisexual. Some would ask, "But how can we express support for gay, lesbian and bisexual youth without condoning their engaging in homosexual behavior?" That's like asking how to affirm heterosexual youth without condoning their engaging in heterosexual behavior. We tell them: You are good people and we believe in you. Supporting the child is not the same as promoting a particular behavior. In fact, the lack of visible support for these youth is undoubtedly one of the reasons they are at disproportionate risk of experiencing sexual risk-taking, serious depression, suicide, violent crime, school failure, substance abuse and homelessness.

(c) Because schools have a responsibility to support and enhance **relationships within all families** ... including those with a gay, lesbian or bisexual child or parent. Encouraging family communication is an essential part of any "family life education" program.

(d) Because schools are obliged to counteract **stereotyping and prejudice** against any group, and to provide an emotionally and physically **safe learning environment for every child**. Schools must not only stop tolerating stereotypes and ridicule and other forms of sexual harrassment, but also actively teach that these behaviors are wrong.

(e) Because schools are the most logical place to provide **accurate information**. (Only accurate information can overcome mythology and stereotyping.) Accurate information, respectfully integrated throughout the curriculum, has lessened the sense of invisibility many other minorities experience in schools. All children deserve to know about their histories and cultures.

(f) Because **students are asking**, and to avoid answering sincere questions communicates values as clearly as answering does.

Sources (For additional sources, see the footnote section of the Gender Orientation Reference Sheet.):

1. Katherine Whitlock, **Bridges of Respect: Creating Support for Gay and Lesbian Youth** (Philadelphia, PA: American Friends Service Committee, 1988.)
2. Gary Ramefedi, "Adolescent Homosexuality," **Clinical Pediatrics**, 24:9 (1985), pp. 481-485.
3. Jose Gomez, ed. **Demystifying Homosexuality**: A Teaching Guide About Lesbians and Gay Men (New York, NY: Irvington Publishers, 1984.)

ACTIVITIES:

1. Explain the lesson's relevance and purpose:

   For the next couple of days, we'll be talking about liking and loving, and especially about heterosexuality, homosexuality and bisexuality. There is a lot of confusion and misinformation around these issues; so today, we'll begin with understanding the facts.

   Tomorrow, we'll move on to consider the problems of sexual stereotyping, prejudice and discrimination. For homework, you'll examine other ethical issues regarding gender orientation.

2. Review the importance of ground rules:

   As with other issues we'll address in this unit, this one has personal meaning to many members of this class. There are probably some people here who are gay, lesbian or bisexual. Some have a close family member or friend who is gay, lesbian or bisexual. Some may have had same-sex sexual experiences, even if they are basically heterosexual. There may be people here —including some heterosexual folks — who have been victimized by anti-gay harassment, based not on whether they are really gay (which other people may not have any way of knowing), but on their gender **role** *behavior (how traditionally masculine or feminine they act) ... even if that has nothing to do with whether the person is really gay. So let's all keep in mind the importance of trying to protect one another's feelings.*

   There are also probably differences in values among us. Some people here may believe that homosexual behavior is wrong. Others may consider it as acceptable/right as heterosexual behavior. Respecting one another's differing opinions will be important.

   Also, I want to remind everybody about confidentiality: anything private that we share about another person will be done without names attached (the "someone I know ..." rule) ... and even when you are sharing something personal, you can protect your **own** *privacy by continuing to say "someone I know ..." Don't forget, too, that each person has an absolute right to "pass"; no one should feel obligated to share any personal information. In fact, I would urge people to remember that you take some big risks if you share personal information on an emotionally-loaded issue such as this one.*

3. Show Transparency 1. Ask the class for help defining terms, in order to identify and clarify their misunderstandings. Below are the simplest, most objective definitions we can suggest. The Teachers' Glossary in Appendix G will provide you more detail.

   "Gender Orientation" = the part of us that feels attraction, infatuation, liking, love ... it has to do with the gender of the people we feel romantically attracted toward.

   Gender orientation is not the same as **gender** (which sex one is, physically), or **gender identity** (which sex one believes one's self to be, spiritually and emotionally), or **gender role** (how one acts or believes one should act or feels comfortable acting ... in a traditionally feminine or masculine way, or more androgynously).

   "Heterosexual Person" = someone who is most often attracted (romantically: physically, emotionally, spiritually, intellectually) to people of the other gender (the "opposite sex") ... a guy who mostly gets crushes on, or who most often falls in love with, girls or a girl who mostly gets crushes on or falls in love with guys.

"Homosexual Person" = someone who is most often attracted (romantically: physically, emotionally, spiritually, intellectually) to people of the same gender ... a guy who mostly gets crushes on, or who most often falls in love with, other guys or a girl who mostly gets crushes on or falls in love with other girls.

"Bisexual Person" = someone who feels romantically attracted about as often to a man as to a woman, or who could fall in love with someone of either gender. Some people prefer to call themselves "bi" rather than "bisexual", since the latter can imply that the person is nothing more than his or her sexual self.

"Gay" = homosexual ... a term many gay people prefer to "homosexual" because it sounds less formal or clinical, sounds less as if it is only about sex (instead of liking, loving, making a home together), and because it is a term of pride (like "African-American" or "Black" instead of "Negro").

"Lesbian" = gay woman ... a term many lesbians prefer because it is more specific ... the word "gay" refers to both men and women, but when people hear the word "gay" they often think only of men, making women invisible.

Other terms about which students may have questions or concerns, include:

"Straight" = heterosexual ... a term many straight people prefer because it sounds less awkward and formal ... some dislike it, however, because it gets confused with not using drugs or with being a rigid person. Some gay people also object to the term, because if heterosexuals are "straight", maybe the implication is that gay, lesbian, and bisexual people are "crooked".

"Coming out" = a person realizing that he or she is gay, lesbian or bisexual; telling trusted people, not pretending to be heterosexual, being open about his or her gender orientation ... it is generally a gradual, and in some ways life-long, process.

"Fag" "Faggot" "Sissy" "Queer" "Lezzy" "Dyke" "Punk" = derogatory, prejudiced terms, as unacceptable as racial and religious slurs. (Sometimes used quasi-affectionately or, ironically, as terms of pride among gay and lesbian people; never appropriate, however, from heterosexual people)

Point out that all of the above are described as adjectives followed by the word "person," "people," "man," or "woman." Just as "Jewish people" is generally more respectful than "Jews" ... and "Black men" is more respectful than "Blacks" or "Black males" ... and "people with disabilities" or "differently-abled people" is more respectful than "the disabled" ... it is always preferable to consider people first as persons, men or women, and second in terms of their differences.

Point out, too, that the adjectives are not followed by the word "lifestyle." Homosexual people are as diverse as any other group. There is no more a single "gay lifestyle" than there is an "Asian American" lifestyle or a "blind lifestyle" or a "heterosexual lifestyle." There is gay/lesbian/bisexual **culture** with its own performing and visual arts and body of literature; there are gay and/or lesbian-identified bookstores, newspapers, etc. But the degree to which people who identify as gay, lesbian or bisexual take part in this culture varies from not-at-all to almost-exclusively.

Explain that pioneer sex researcher Alfred Kinsey, after interviewing thousands of American adults, concluded that gender orientation falls along a continuum. He described it, sort of arbitrarily, as a six point continuum, where "0" represents people who are exclusively heterosexual (only ever attracted to people of the other gender), and "6" represents people who are exclusively homosexual. Show Transparency 2.

Describe each point on the continuum:

0 = **completely heterosexual**: only ever attracted to, dream about, have sexual touch with, or fall in love with people of the other gender

1 = **mostly heterosexual**: usually romantically attracted to people of the other gender, but have occasionally fantasized about, or had sexual feelings for, someone of own gender, perhaps with incidental same-sex experience

2 = **more heterosexual than homosexual**: have crushes, loves, possibly relationships with people of both genders, but somewhat more often with people of the other gender

3 = **bisexual**: romantically, spiritually, emotionally, intellectually, sexually attracted just as often to a man as to a woman, or able to fall just as much in love with a person of either gender

4 = **more homosexual than heterosexual**: have crushes, loves, possibly relationships with people of both genders, but somewhat more often with people of own gender

5 = **mostly homosexual**: usually romantically attracted to people of own gender, but have occasionally fantasized about, or had sexual feelings for, someone of the other gender, perhaps with incidental other-sex experience

6 = **completely homosexual**: only ever attracted to, dream about, have sexual touch with, or fall in love with people of own gender

People are temporarily (or, in rare cases, permanently) off this scale (not off one end, just not on the scale), if they are feeling "**asexual**". That means that they aren't noticing any sexual feelings at all. Most people have some times in their lives when they feel fairly asexual.

Ask students to listen to each of the following case studies and identify where each person would probably put him or herself, at this point in his or her life, on the Kinsey scale. Read aloud each of these case studies (changing the names if anyone in your class has these names), putting each transparency on the screen as you read the corresponding case study:

"Gender Orientation Transparency 3: Janie"

Janie is 17, a senior in high school and a singer and song writer. She has always felt sort of "different" from other kids, but not in any way she could put her finger on ... until now. She is beginning to think about the facts that: (1) she's never gotten excited about a guy the way her girlfriends have, even though one of her closest friends is male, and (2) she has had some serious, can't-think-about-anything-else crushes on one female teacher and two close female friends within the last year. She wants to read more about the issue and wishes there were someone she could talk to. She thinks she is probably a lesbian.

Where on the continuum might Janie describe herself as belonging, at this point in her life? (Answer: 6. Circle this on the transparency.)

"Gender Orientation Transparency 4: Mark"

Mark is 20 years old. He's a junior in college, the oldest of three children in his family. He was born with a spinal problem and has always used a wheel chair. Mark went out with girls a few times in high school, but never got serious about any one person. Since he's been away at school, he's relaxed and been more social. He's had a crush or two, and a couple of sexual experiences with girls, but he is just now falling in love for the first time ... with a guy. They haven't had sex, but Mark is coming to the realization that he mostly, although not exclusively, loves men.

Where on the continuum might Mark describe himself as belonging, at this point in his life? (Answer: 4 or 5. Circle this on the transparency.)

"Gender Orientation Transparency 5: Antonio"

Antonio is 19. He graduated from high school last June and is working for his brother, installing computers, saving to get his own apartment. He has always been kind of a loner. He's had a couple of friends, but nobody really close, and no girlfriends. He has had some dreams, though, some romantic ones and some sexual ones, about one of the young women he works with. She's the first person he has ever really thought of in that way. He's trying to get up the courage to ask her out.

Where on the continuum might Antonio describe himself as belonging, at this point in his life? (Answer: 0. Circle this on the transparency.)

"Gender Orientation Transparency 6: Hahn"

Hahn is 21. She is a flight attendant for a major airline. She first had sex at the age of 13, with a 14-year-old neighbor boy. She'd heard everybody did it, and she wanted to be like everybody, but it was sort of disappointing ... so she didn't have sex again for 4 years. Then she fell in love with a guy she met at school. They went together for a year and had a sexual relationship most of that time, a much happier experience than the one in middle school. After high school, she had a brief sexual relationship with a girlfriend, also nice, but then Hahn go this airline job and moved away. For a few years now, she's dated, but not gone with any one person. Now she is going with a very sweet man, thinking of marriage.

Where on the continuum might Hahn describe herself as belonging, at this point in her life? (Answer: probably 1. Circle this on the transparency.)

"Gender Orientation Transparency 7: Theo"

Theo is 18. He wants to go into the navy as soon as he graduates. He likes to watch music videos and he loves to draw (cartoons, portraits, anything). He has had two serious relationships in his life, although he's never had intercourse ... he is too concerned about AIDS to risk his own life or anyone else's. One relationship, with his friend David, lasted on and off from sixth grade through ninth grade. The other, with his friend Regina, lasted almost a year. Now, Theo isn't involved with anyone in particular, but he has fun fantasizing about a couple of people. One is a girl named Sally who used to live next door; the other is Regina's brother, Reggie.

Where on the continuum might Theo describe himself as belonging, at this point in his life? (Answer: probably 3. Circle this on the transparency.)

Point out four key concepts:

A) Stress that there is a **difference between sexual behavior and orientation**. Janie, Antonio, and Theo have never had sexual intercourse (oral, anal or vaginal), but they recognize their gender orientations by noticing who they mostly find attractive. Mark has only ever had sex with girls, but he considers himself primarily gay, whereas Hahn has had sex with people of both genders and considers herself mostly heterosexual. Gender orientation is a matter of feelings more than of sexual behavior. That's important because it means one doesn't have to have sex to prove one's gender orientation, or even to find out how one feels about it. Teens, especially, of any gender orientation can choose to abstain, and many do.

B) Point out, too, that in each case you asked **where**, on the continuum, **the individual would put him or her*self***, rather than where others would put him or her. No one can know what another person feels.

C) This exercise may inadvertently imply that **teens generally know** their gender orientations. **Many do. But others don't** figure it out until later. Explain that some gay, lesbian and bisexual people say that they didn't realize when they were teens that they weren't heterosexual. They may have felt "different" from their friends, but not had a name for the difference. They may even have fallen in love with, or had a relationship with, someone of their own sex without using the **label** "homosexual" (or any other label) for their feelings.

D) Finally, emphasize that you asked where each person fell on the continuum **at this point is his or her life**. People probably never go from 0 to 6, but they do report moving up and down the continuum a couple of points, at different times in their lives.

4. Hand out the Gender Orientation Quiz. Give students three minutes to complete it, stressing that it's OK to guess ... that they will have an opportunity to correct and complete their Quizzes without penalty.

   If time is short, put Transparency 8 (the answer key) on the screen and give people a couple of minutes to correct their papers. They should turn in the corrected Quizzes, so you can give them credit for having completed the exercise.

   If time allows, it is far preferable to hand out the Reference Sheet and have volunteers read the first twelve answers (which correspond to the twelve questions on the Quiz) aloud. Again, make sure every student completes and corrects his or her Quiz, and turns it in for credit.

   If you have only one class set of Reference Sheets, and more than one class period of **FLASH**, ask people to turn them in, and assure those who want one to keep, that they may pick it up tomorrow after all your classes have had a chance to use it. Probably only your strongest readers will want their own copies, so they can see the documentation (it's footnoted), and finish reading the last ten questions and answers on their own.

5. Assign homework. There are five different Family/Friend Exercises. You can hand them out randomly, or give each student all five and have them choose the one they would like to do.

Gender Orientation Transparency 1

TERMS:

Gender Orientation

Heterosexual

Homosexual

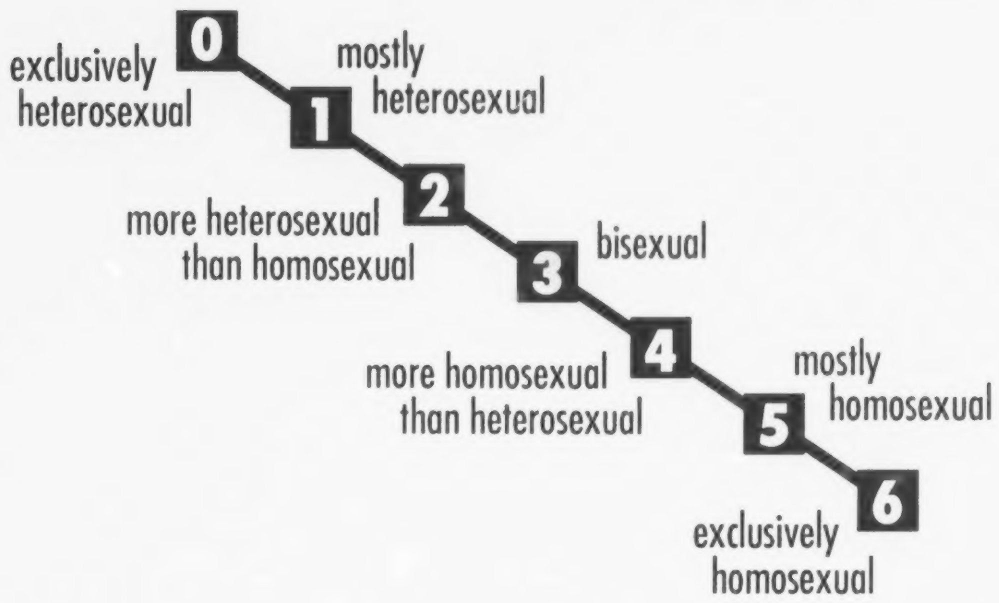
Bisexual

Gay

Lesbian

Gender Orientation Transparency 2

THE KINSEY SCALE

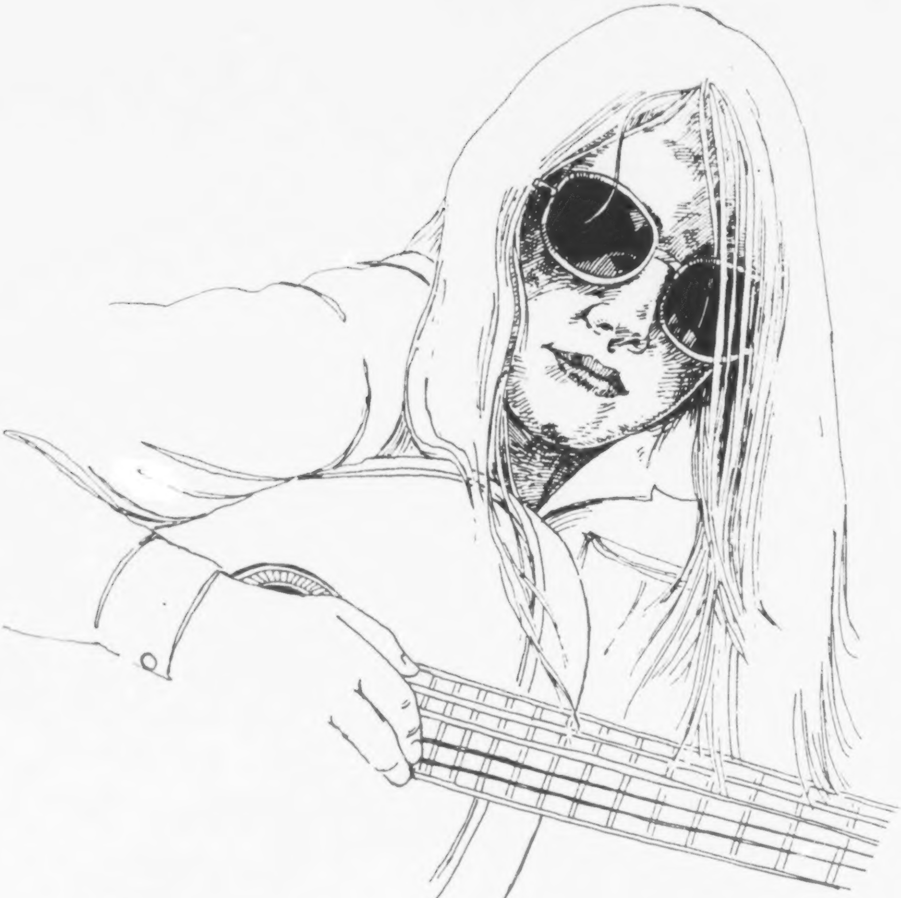

0
exclusively heterosexual
1
mostly heterosexual
2
more heterosexual than homosexual
3
bisexual
4
more homosexual than heterosexual
5
mostly homosexual
6
exclusively homosexual

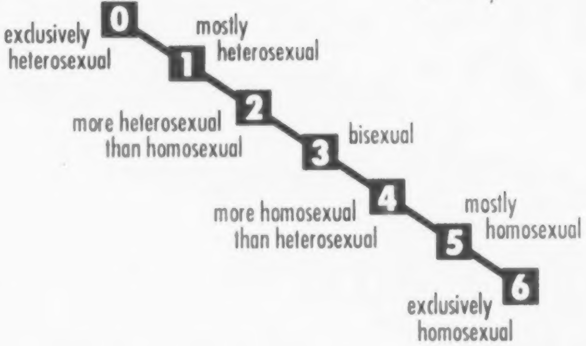
NOTE: Kinsey used this scale to describe "physical contacts" (behavior) and "erotic interests" (feelings). That was in the **1940**'s and **1950**'s.

Today, gender orientation is considered a matter of feelings and identity. A person's behavior may have little or nothing to do with whether he or she considers him or herself gay, lesbian, bisexual, or heterosexual.

Gender Orientation Transparency 3

JANIE

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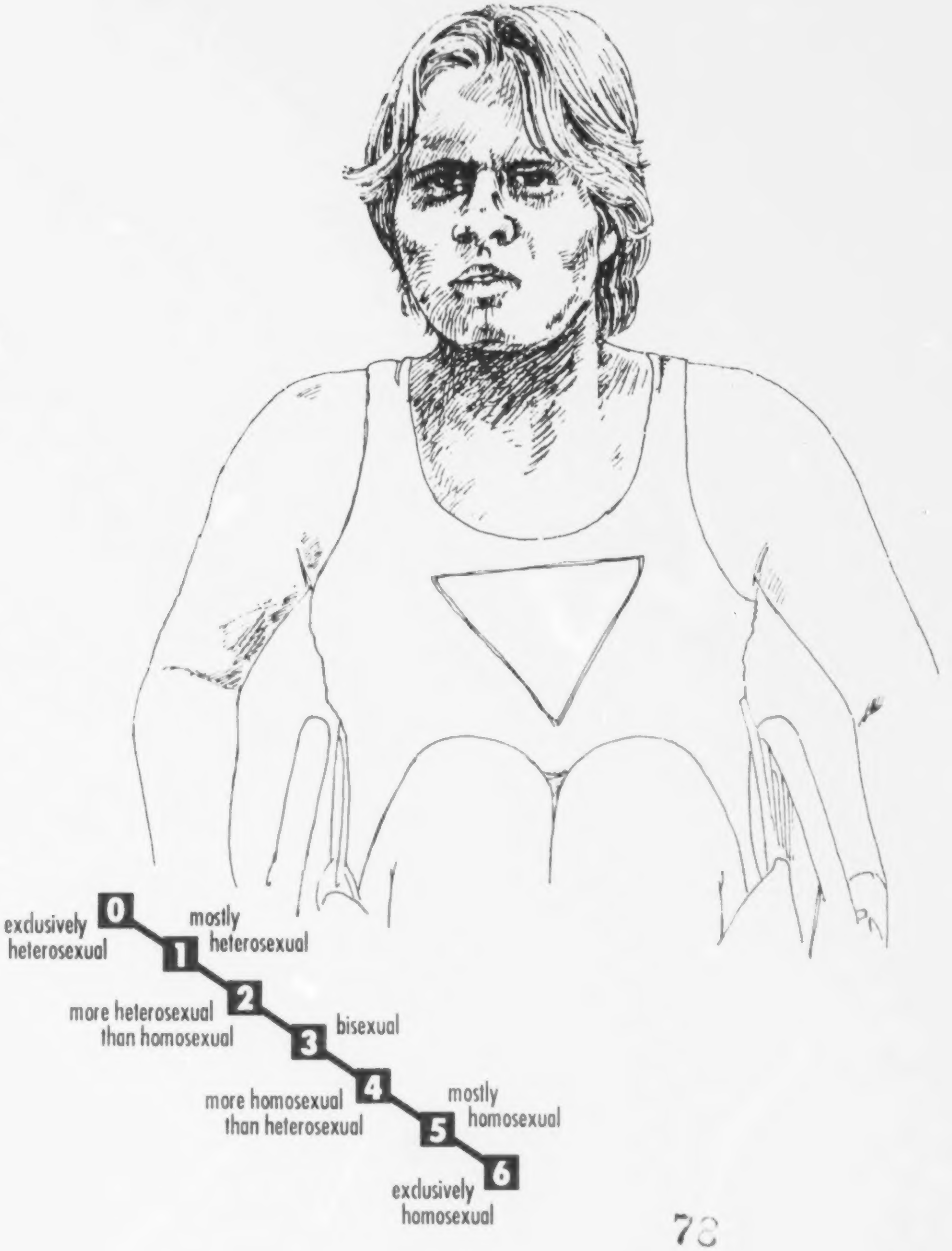
exclusively heterosexual
1
mostly heterosexual
2
more heterosexual than homosexual
3
bisexual
4
more homosexual than heterosexual
5
mostly homosexual
6
exclusively homosexual

Gender Orientation Transparency 4

MARK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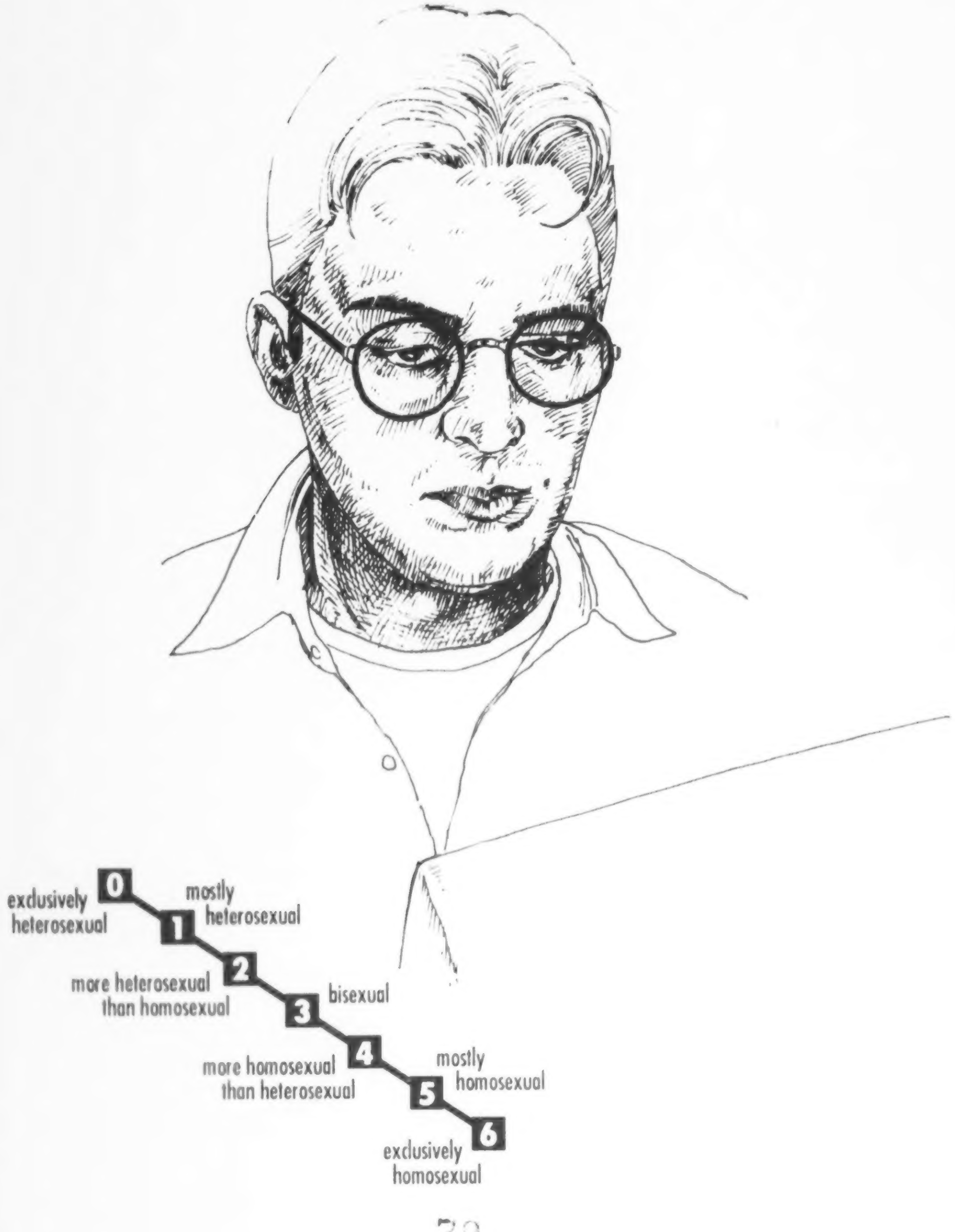
1
mostly heterosexual
2
more heterosexual than homosexual
3
bisexual
4
more homosexual than heterosexual
5
mostly homosexual
6
exclusively homosexual

Gender Orientation Transparency 5

ANTONIO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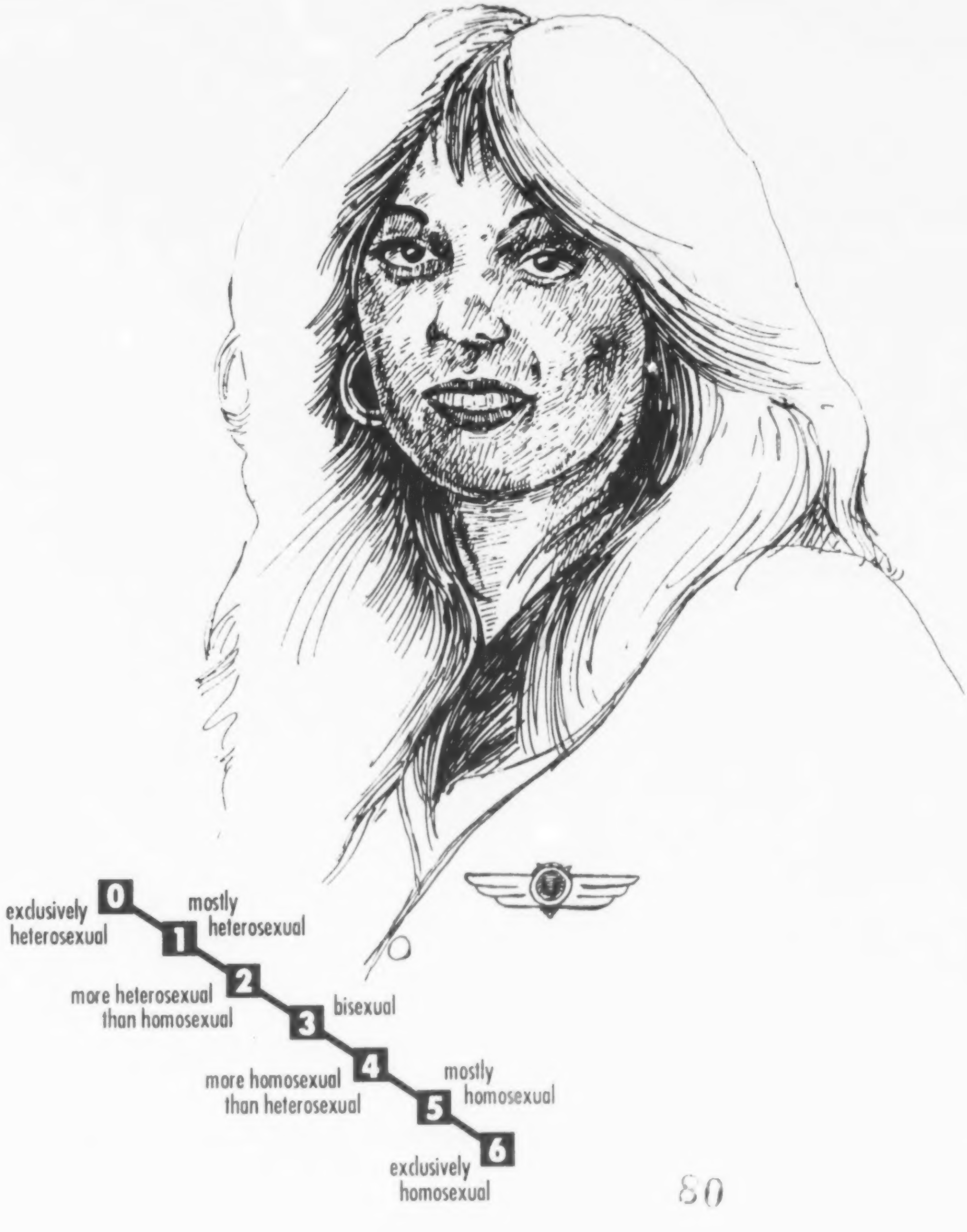
1
mostly heterosexual
2
more heterosexual than homosexual
3
bisexual
4
more homosexual than heterosexual
5
mostly homosexual
6
exclusively homosexual

Gender Orientation Transparency 6

HAHN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exclusively heterosexual
1
mostly heterosexual
2
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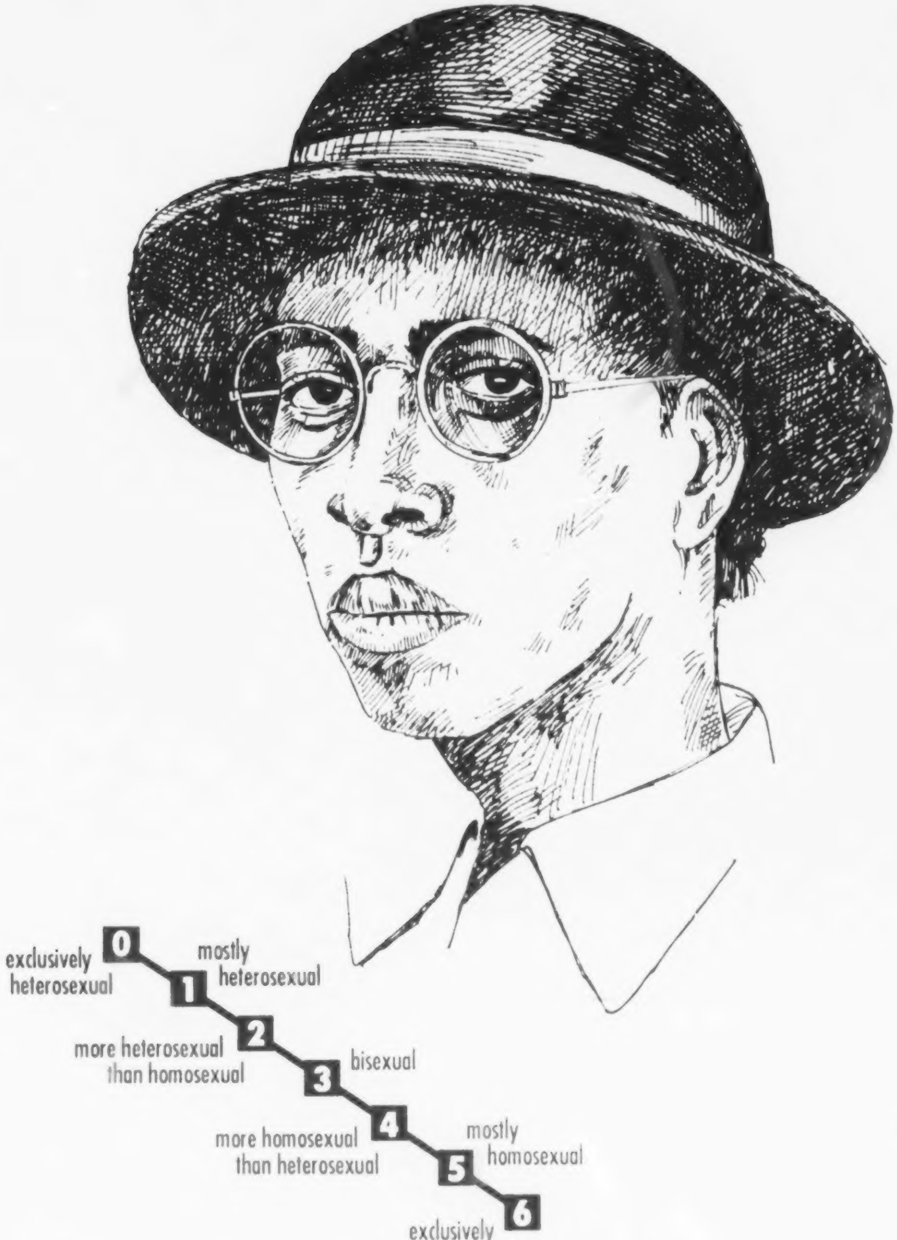
3
bisexual
4
more homosexual than heterosexual
5
mostly homosexual
6
exclusively homosexual

Gender Orientation Transparency 7

THEO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0
mostly heterosexual
1
more heterosexual than homosexual
2
bisexual
3
more homosexual than heterosexual
4
mostly homosexual
5
exclusively homosexual
6

Gender Orientation Transparency 8

ANSWER KEY

1: C – No; it's a matter of feelings, not behavior

2: B – Most often during their preteen of teen years

3: C – Experts don't know ... perhaps it's some of both

4: B – No

5: B – No, that's a stereotype

6: B – No, not usually

7: B – No, not usually; that's a stereotype

8: B – No

9: C – Experts disagree; most say No

10: B – No, most say they would not

11: B – No, no higher than the rate among heterosexuals

12: B – No, that's a myth

Gender Orientation Quiz

NAME **DATE** **PERIOD**

DIRECTIONS: Check one answer for each question. Guess, if you aren't sure. But **please use pencil**, so you can go back and correct any mistakes. (You will turn this Quiz in, after you correct it, for "participation credit".)

1. Does being gay mean having sex with someone of your own gender?

   _____a. Yes, if you have sex with someone of your own gender, you are gay

   _____b. Yes, but not just one sexual experience

   _____c. No; it's a matter of feelings, not behavior

2. When do people first realize they are gay?

   _____a. Most often before age twelve

   _____b. Most often during their preteen or teen years

   _____c. Most often during their 20's, 30's or later

3. Why are some people gay or lesbian or bisexual and others, heterosexual?

   _____a. We're born with whatever orientation we have

   _____b. It's a matter of infant or preschool development

   _____c. Experts don't know ... perhaps it's some of both

4. If one of your parents is gay or lesbian, are the chances greater that you will be, too?

   _____a. Yes

   _____b. No

5. Can you tell if someone is gay or lesbian by how he or she acts and dresses or by the kind of career choices he or she makes?

   _____a. Yes, usually

   _____b. No, that's a stereotype

6. Do gay men think they are women ... or want to be women? Do lesbians want to be men?

   _____a. Yes, often

   _____b. No, not usually

7. Do lesbians dislike men? Are they afraid of men? Do gay men hate women?

   _____a. Yes, often

   _____b. No, not usually; that's a stereotype

8. Is homosexuality a mental ilness?

_____a. Yes

_____b. No

9. Can people change their gender orientation (from homosexual to heterosexual) through therapy?

_____a. Yes, usually

_____b. No, never

_____c. Experts disagree; most say no

10. Would many gay men and lesbians change if they could?

_____a. Yes, most say they would

_____b. No, most say they would not

11. Are a high percentage of gay people child molesters?

_____a. Yes, higher than the rate among heterosexuals

_____b. No, no higher than the rate among heterosexuals

12. Do gay and lesbian people "recruit" heterosexuals?

_____a. Yes, often

_____b. No, that's a myth

A FEW RESOURCES

Seattle Counseling Service for Sexual Minorities [(206) 282-9307] is an agency that provides counseling for people who want to understand and feel better about themselves, without trying to change orientations. They can make referrrals to gay-affirmative counseling and support services in other communities, too.

Metanoia Ministries [(206) 783-3500] is a Seattle area organization that provides counseling from a Christian perspective for people who want to change their gender orientations. It is part of a world-wide ministry called **Exodus International** [(415) 454-1017], which can make referrals to similar groups.

Metropolitan Community Church, or MCC, is also a Christian organization, but its ministry celebrates all gender orientations (gay, lesbian, bisexual and hetersexual) as God's gift. The number for its Seattle congregation is [(206) 325-2421]. The national organization, **Universal Fellowship of MCC's**, [(213) 464-5100] can provide referrals to similar congragations, of various faiths (Christian and non-Christian), around the country.

Lambert House, in Seattle, [(206) 322-2735] is a drop-in center for gay, lesbian and bisexual youth. Among other services, it houses the **Gay/Lesbian/Bi Youth Information Line** [(206) 322-7900], a phone line with tape-recorded information for young adults about local resources and recreational events.

Hetrick-Martin Institute [(212) 633-8920] in New York City, has a drop-in center, and is the home of the **Harvey Milk School**, a public alternative high school for gay, lesbian and bisexual youth who have dropped out or been expelled from other schools or who are homeless or lack family support. They can make referrals to gay-affirmative agencies in other parts of the country.

Parents and Friends of Lesbians and Gays (also known as "**Parents' FLAG**") provides support and resources for families. The national organization [(303) 321-2270] can refer to chapters around the country. The Seattle chapter is (206) 325-7724.

Gender Orientation Reference Sheet

DEFINITIONS

GENDER = one's biological sex (male or female) ... chromosomally, hormonally and anatomically.

GENDER IDENTITY = one's understanding or feeling about whether one is male or female, emotionally and spiritually.

GENDER ORIENTATION = the gender of persons to whom one feels attracted ... whether one has crushes on, dreams about, falls in love with, or feels romantic/sexual/spiritual/emotional attraction mostly to men, women or both.

GENDER ROLE = one's beliefs about the appropriate and/or comfortable expression of one's gender ... about how boys and men should act, and how girls and women should act (dress, speak, react to an insult, choose a career, sit, walk, decide on chores, etc.).

COMMON QUESTIONS

1. Does "being gay" mean having sex with someone of your own gender?

No. Being gay or lesbian is not a matter of what you do, so much as what you feel ... who you mostly find attractive or fall in love with. Many people know whether they're gay, lesbian, bisexual or heterosexual, without ever having had sex with anyone.

Many heterosexual people have had same-sex experiences: about 60% of boys and 33% of girls have some same-sex touching experience before they reach puberty. About 28% of boys and 17% of girls have some homosexual experience between puberty and age 20. But only 3 to 16% of men and 1 to 3% of women are exclusively (completely) homosexual (only ever have sex with or feel attracted to someone of their own sex) for their whole lives.(1) About 4 to 10% of people consider themselves gay or lesbian. (2,3,4) Many of them have had heterosexual experiences ... just as a lot of heterosexual people have had homosexual experiences. Just remember that SEXUAL BEHAVIOR and GENDER ORIENTATION are different. Anyone, regardless of gender orientation, can choose to abstain from sexual intercourse!

2. How do you know if you're gay? When do people (male or female) first realize they're gay?

Often, people gradually begin to realize that they are gay, lesbian, bisexual or heterosexual during their preteen or teen years.(5) That's when they start to get more crushes and attractions than they did when they were younger.

If most of their attractions, over several years, seem to be on people of their own sex, if their strongest feelings of wanting to be close to someone, of falling in love, are for someone of their own sex, then they may begin to identify themselves as gay or lesbian. If they seem to have those feelings just as often, or just as strongly, for a guy as for a girl, they may begin to consider themselves bisexual. If most of their attractions are to people of the other sex, they will identify themselves as heterosexual ... if they think about it at all. It may be difficult to even think about not being heterosexual, no matter what a person feels, if they grow up in a society that only shows them heterosexuality.

Some people, of course, may not have (or may not pay attention to) their feelings of attraction until their twenties, thirties or later.

3. **Why are some people gay or lesbian or bisexual, and others heterosexual? What causes homosexuality?**

We don't know. We don't know what causes homosexuality, bisexuality *or* heterosexuality. Probably a combination of factors determine who each of us is attracted to: genes, prenatal development, preschool and/or pre-puberty development.(6,7,8)

We do know that certain old myths are not true. People do not "become gay" because they are sexually abused or raped. It doesn't make any difference if they have a certain kind of father or mother, or whether their father lives at home. It doesn't matter if they like traditionally "boy" or traditionally "girl" games and toys.(9,10) Remember, GENDER ROLE is different from GENDER ORIENTATION. Gender role is the set of beliefs and feelings you have about the appropriate and comfortable ways for men and women to act. Gender orientation has to do with who you fall in love with.

Most experts believe that, whatever causes us to be gay, lesbian, bisexual or heterosexual, it is mostly determined, if not by birth, certainly before puberty.(11,12) People's feelings may change somewhat over time, of course. And some people don't recognize their feelings until later in life. But people don't suddenly decide to be gay as teens or adults. It's something a person feels, way down inside, not something he or she chooses.(13)

4. **If one of your parents is gay or lesbian, does that mean you are, also?**

No. Your parents' gender orientation has nothing to do with your gender orientation.(14) About 18 or 19 out of 20 teens are heterosexual, no matter whether their parents are or not. About 1 or 2 out of 20 are gay or lesbian, regardless of their parents' gender orientations.(15)

5. **Can you tell if a guy is gay by how he acts and dresses (sort of effeminate) and by his choice of careers? Aren't most lesbian women "tomboys" (sort of masculine) in their actions and clothes?**

No and no. Those are stereotypes. A few people fit any stereotype. Most do not. You see gay and lesbian people every day. You just don't notice most of them, because they look and act like everyone else. You only notice those who do fit the stereotypes. There is **support** in the gay/lesbian/bisexual culture for being yourself ... even if that self is most comfortable in a non-traditional role. But, whether they are homosexual, bisexual or heterosexual, whether they are male or female, some people are strong, brave, attractive, gentle, athletic, artistic, etc. There are gay hairdressers and gay soldiers. There are lesbian truck drivers and lesbian secretaries. Remember that GENDER ROLES and GENDER ORIENTATION are two different aspects of our sexuality.

6. Do gay men think they are women? Do they want to be women? Do lesbians want to be men?

No. Most gay men are glad they are men and most lesbians are glad they are women.(16) People who feel they are really the other sex —trapped in the "wrong" body — are usually not gay; they are "transsexual." GENDER IDENTITY and GENDER ORIENTATION are different parts of our sexuality. Gender identity is which gender think you are or wish you were. Gender orientation has to do with the gender of the people you are attracted to.

7. Do lesbians dislike men? Are they afraid of men? Do gay men hate women? Is it possible they just never had a good heterosexual experience?

No, no, and no.(17) That is like asking whether heterosexual men dislike other men, or whether heterosexual women hate other women. Just because you don't fall in love with someone, that doesn't mean you hate or fear him or her. The person might even be your best friend. You just don't find him or her sexually, emotionally, spiritually attractive as a partner. Some gay and lesbian people have had heterosexual relationships, or even marriages, but they are most often (if not always) attracted to people of their own sex in a romantic or sexual way.

8. Are gay people mentally ill?

Some are, of course, just as some heterosexual people are. But no, homosexuality is not a mental illness.(18,19) Many gay, lesbian and bisexual teens feel a lot of self-doubt. Why? They have faced hatred and discrimination on a daily basis, since young childhood. It may not have been aimed at them directly, if they looked and acted no different than other children, but they heard the jokes, saw the snickers, and eventually connected that mean "humor" with themselves. Gay and lesbian teens are, therefore, at higher risk for alcohol and other drug problems and for suicide than heterosexual teens. But gay and lesbian people certainly can be mentally healthy, happy, mature individuals.(20)

9. Can people change their gender orientation through therapy?

There is disagreement. Some therapists believe gender orientations may be changed if the individual wants very much to change, especially if he or she is bisexual to begin with.(21) Other therapists question whether, even then, a person's orientation (feelings) change, or simply their behavior.(22) Some mental health experts contend that therapeutic attempts to change people's orientations are unethical because they damage a person's self-esteem and mental health.(23) Some believe it is most ethical for a therapist to, instead, help a person understand and accept his or her feelings. Others believe therapy should help the person to understand how prejudice and discrimination impact his or her life.(24,25) So the answer is: the experts disagree.

10. Would many gay people (men and women) change if they could?

A few would. Most would not.(26) Most say that their gender orientation is such a core part of themselves, that changing it (if they could) would be like changing skin color or culture ... not something they would choose to change. Some people disagree. They say that, through religion or therapy, they have changed and are glad.(27)

11. Do a lot of gay people molest children?

No. Most people who molest children are heterosexual men who molest female children or teens.(28) Of the few men who sexually abuse boys, most consider themselves heterosexual. They may be married or have girlfriends and they are attracted to adults of the "opposite" sex. They have a need to overpower or humiliate male children or teens. Relatively few reported child sex offenders ("pedophiles") are female, but there are some, of course. Some abuse girls; some abuse boys. Most are heterosexual. In any case, pedophiles have what might be called a PSYCHO-SEXUAL DISORDER (mental illness of a sexual nature), no matter what their GENDER ORIENTATION may be.

Most gay and lesbian adults (like most heterosexual adults) would find a sexual relationship with a teen uninteresting or offensive. Most people fall in love with people who are more or less their own age.

12. Do gay and lesbian people "recruit" heterosexuals?

No. That's silly and a stereotype. Most people are attracted to people who are also attracted to them. And if they don't know whether the person is interested, they tend not to flirt. Think about your own experience. When you get a crush on someone who is probably not interested, you don't say anything, right? You don't want to be rejected. Neither does anyone else.

13. What should you do if a gay person "comes on" to you?

What would you do if a heterosexual person (of the "opposite" sex) "came on" to you? If you didn't find the person attractive, their gender probably wouldn't make any difference.

If it were simple, friendly flirting and you knew and cared about the person, you might say something like, "I'm flattered, but I'm not interested. I care about you, but only as a friend." If it were simple flirting but the person was a stranger or a recent acquaintance, you could simply say, "Sorry, I'm not interested."

On the other hand, what if the person was being inconsiderate or rude, for example if they were drunk or touched you without your consent? No matter what sex they were, you would probably say something like, "Cut it out!" and you would leave.

14. Do you have to be homosexual to get AIDS?

No. Being gay has nothing to do with it. AIDS is caused by a virus, "HIV" ... a germ that anyone can catch, whether they are gay, bisexual, or heterosexual; male or female; rich or poor; married or single ... if they have sex with, or share a needle with, someone who happens to have it. It happens that, in the United States (but not in every country), more gay men than heterosexual people have gotten the virus so far.(29)

15. Are all gay people, or most gay people, going to die from AIDS?

No. Lesbian women actually have a lower rate of infection than heterosexual people. And many gay men are choosing to abstain from sexual intercourse (or from all sex, in some cases); to commit themselves to one person, in a trusting, monogamous, long-term relationship; and/or to always be careful about using condoms and spermicide.(30) Some people are scared that someone they love, who happens to be gay and male, is going to die. The best way to deal with that fear is to talk with that person. Knowing you care about him may help him want to stay safe.

16. Did gay men cause the AIDS epidemic?

No. Sometimes when people feel scared, they get angry and look for people to blame. The French used to call syphilis "the Italian disease." What do you think the Italians called it? That's right, "the French disease!" And just because babies and children used to be the group hardest hit by polio, doesn't mean they caused polio. Blaming the victim of a problem is nonsense.(31)

17. Can gay and lesbian people have long, monogamous relationships? Can they marry?

Yes and no. Yes, some gay and lesbian couples are together for their whole adult lives. They may own a home together, spend holidays with one another's families, etc. Some gay and lesbian couples have ceremonies to celebrate their commitment to one another and some clergy of various faiths conduct such rituals to recognize and honor these relationships.(32)

But, no. There is no legal way for gay or lesbian couples to marry,(33) except in certain other cultures and parts of the world (Denmark, for instance).

In the United States, couples can provide one another with some legal rights, however. They can write wills that include one another, for instance. Often, they can name each other as insurance beneficiaries. They can give one another the "power of attorney" to consent for medical care, the way a legal spouse could.

18. Can gay people (men, women) be parents? How?

Yes. Some gay people are married to someone of the "opposite" sex. Maybe they happened to fall in love with that person, even though they mostly had crushes on people of their own sex. Others have children from previous heterosexual relationships. They may have married before they realized they were gay or lesbian. They may have married to try to change their feelings. They may not have married; some people just decide to have a child together.

Some gay men and some lesbian women have children without a heterosexual relationship ... through donor insemination or adoption. Some become foster parents. Some are not parents by blood or by law; they are parents by love, because they help raise their partner's children. Whether gay and lesbian people should be allowed to adopt or have custody of their children is a matter of belief. People have very strong, very different opinions about this. We will examine beliefs (about this and other issues) for homework.

19. Are most gay people middle-class, white, able-bodied, and young?

No. Those are stereotypes. There are gay, lesbian and bisexual people of all classes, races, and ages. Some are hearing-impaired or blind; some use wheelchairs or crutches. There are gay and lesbian organizations for people of color, youth, and people who are elderly, differently-abled and of many different religions, cultures, and political parties.(34,35,36)

20. Is it against the law to be gay?

No (but see question 21). Remember, gender orientation is something each of us feels inside. It doesn't necessarily have anything to do with sexual behavior. No one even knows what gender orientation a person is, unless the person tells them. How can a feeling be illegal? How would anyone know if someone broke such a law? But besides, people do not choose how they'll feel, so making it illegal to be gay would be like making it illegal to be left-handed or blond.

21. Is homosexual *sex* (same-sex touch) against the law?

That depends. In some states, certain kinds of sexual touch (usually oral and anal intercourse) are illegal. These laws are usually not enforced against heterosexual couples.(37) In 1986, the U.S. Supreme Court upheld a Georgia law used to convict a gay man for having sex in his home.

In other states (26 states in 1984), sex between any two persons is legal ... as long as it is private, consenting sex between adults and no money or drugs are exchanged.(38)

22. Is it against the law to discriminate against gay people?

That depends. On a federal level, no. Federal (United States) civil rights laws do not specifically protect gay, lesbian, and bisexual people from discrimination.(39) Federal employees (people who work for the U.S. government) are protected from job discrimination based on "factors unrelated to job fitness" ... unless they work in the military or in a job that requires a security clearance.(40) On a state level, only Wisconsin has a law that prohibits discrimination based on gender orientation. Public employees are protected from job discrimination by executive order or civil service regulations in 4 other states.(41)

Around the country, 9 counties and 43 cities (in 1984) also have laws (ordinances) or executive orders protecting some of the civil rights of gay and lesbian people.(42) Seattle is one of these cities in which it is against the law to discriminate in housing, employment, or public services (stores, etc.) based on gender orientation. King County law protects people in terms of housing and employment, but not public services. In Seattle, it is also illegal to "maliciously intimidate or harass" a person because of his or her gender orientation ... to beat someone up or threaten to do so, for instance.(43) People — and courts and legislatures — disagree about what constitutes "discrimination" ... what is, and isn't, fair:

- Is it right to have to rent a house to someone who can afford it, but who is gay or lesbian? Does a seller have a right not to sell his or her house to a gay or lesbian buyer?
- Is it wrong to fire someone on the basis of gender orientation? To make a hiring decision on that basis?
- Should a restaurant owner have to serve a gay or lesbian customer?
- Should the police treat a gay or lesbian victim of a crime exactly as they would a heterosexual victim?
- Is a gay or lesbian parent entitled to visitation or custody, if there are no other reasons to question his or her fitness?
- Does a gay/lesbian student group have the same right to meet on school property as other student groups? Is it the school board's right/responsibility to turn them down?
- Is it wrong to expel a student on the basis of gender orientation? Is it wrong not to expel him or her?.

Tonight's homework addresses some of these questions and more.

23. Is it immoral to have sex with someone of your own sex?

This, too, is a controversial matter of values. People disagree. Some believe that sex between people who love and are committed to one another is something to be celebrated.(44) Others believe that young people should abstain, but that sex between any two adults is fine, as long as it is consenting and private.(45) Still others would say that same-sex touch is fine for preschoolers and children ("playing doctor"), but that for teens and adults, it is a problem.(46) And still others would say that any sexual behavior between people of the same gender is wrong.(47)

We think it is a good idea to talk about values with people you trust in your family, your community of worship (if you have one), and among your friends. Again, tonight's homework will address this issue.

FOOTNOTES

(1) Kinsey, Alfred C. et al. **Sexual Behavior in the Human Male** (Philadelphia, PA: W. B. Saunders, 1948); and Kinsey, Alfred C. et al. **Sexual Behavior in the Human Female** (Philadelphia, PA: W. B. Saunders, 1952).

(2) Kelly, Gary F. **Learning About Sex: The Contemporary Guide for Young Adults** (Woodbury, NY: Barron's Educational Series, 1986.)

(3) Calderone, Mary S. and Eric W. Johnson **The Family Book About Sexuality** (New York, NY: Harper and Row, 1981, revised 1990.)

(4) Most experts use the 10% figure. Some, especially conservative writers, dispute it; they may estimate that as few as 4% of people are gay or lesbian. It seems unnecessary to quibble; in either case a significant number of youth are personally in need of correct information. For a conservative treatment of the issue, see Jones, Stanton L. "Homosexuality According to Science: Does New Evidence About Homosexuality Mandate a Change in the Church's Historic Stance?," **Christianity Today**, August 18, 1989.

(5) Saghir, M.T. and E. Robins **Male and Female Homosexuality** (Baltimore, MD: Williams and Wilkins, 1973.)

(6) Bidwell, Robert J. "The Gay and Lesbian Teen: A Case of Denied Adolescence," **Journal of Pediatric Health Care**, January-February, 1988.

(7) Bodde', Tineke, ed. Why Is My Child Gay? (Denver, CO: Parents and Friends of Lesbians and Gays, 1988.)

(8) Bell, Alan P. et al. **Sexual Preference: Its Development in Men and Women** (Bloomington, IN: Indiana University Press, 1981.)

(9) Calderone and Johnson, 1981.

(10) Carrera, Michael A. **Sex: The Facts, The Acts and Your Feelings** (New York, NY: Crown Publishers, 1981.)

(11) Remafedi, Gary "Homosexual Youth: A Challenge to Contemporary Society," **Journal of the American Medical Association**, 258:2, 1987.

(12) Troiden, R.R. "Homosexual Identity Development," **Journal of Adolescent Health Care**, March, 1988.

(13) Deisher, Robert W. (Professor Emeritus, Pediatrics, and former Director, Division of Adolescent Medicine, University of Washington) unpublished testimony presented at the Seattle Commission on Children and Youth hearings on gay and lesbian youth: April, 1988.

(14) Bell et al., 1981.

(15) Extrapolating from the 4-10% estimate, above: .90 to .96 X 20 = 18 to 19, .04 to .10 X 20 = 1 to 2

(16) Jay, Karla and Allen Young **The Gay Report: Lesbians and Gay Men Speak Out About Sexual Experiences and Lifestyles** (New York, NY: Summit Books, Simon and Schuster, 1979.)

(17) Carrera, 1981.

(18) Freedman, Mark **Homosexuality and Psychological Functioning** (Belmont, CA: Brooks/Cole, Wadsworth, 1971.)

(19) Haeberle, Erwin J. **The Sex Atlas** (New York, NY: Continuum, 1982.)

(20) Bell, Alan P. and Martin S. Weinberg **Homosexualities: A Study of Diversity Among Men and Women** (New York, NY: Simon and Schuster, 1978).

(21) Jones, 1989.

(22) Bodde', 1988.

(23) Davison, G. "Politics, Ethics and Therapy for Homosexuality," **American Behavioral Science**, 25:423-34, 1982.

(24) Gonsiorek, John C. "Mental Health Issues of Gay and Lesbian Adolescents," **Journal of Adolescent Health Care**, 9:114-122, 1988.

(25) Neisen, Joseph "Heterosexism: Redefining Homophobia for the 1990's," an unpublished paper presented to the second annual Conference on Anti-homophobia Education, Los Angeles, CA: June, 1989.

(26) Jay and Young, 1979.

(27) Gomez, Jose', ed. **Demystifying Homosexuality: A Teaching Guide About Lesbians and Gay Men** (New York, NY: Irvington Publishers, 1984.) A Seattle area organization that provides counseling from a Christian perspective for people who want to try to change their gender orientations is **Metanoia Ministries, (206) 783-3500**. They are part of a world-wide group called **Exodus International (415) 454-1017**. An agency in Seattle that provides counseling for people who want to understand and feel better about themselves, **without** trying to change orientations, is the **Seattle Counseling Service for Sexual Minorities, (206) 282-9307**. They can refer callers to gay-affirmative counseling resources in other communities, as can The **Hetrick-Martin Institute, (212) 633-8920**. A different Christian perspective from Metanoia's (one that is gay-positive) can be found at **Metropolitan Community Church** ... in Seattle: **(206) 325-2421**, nationally: **(213) 464-5100**. The national organization can also make referrals to gay/lesbian congregations of other religious faiths.

(28) Carrera, 1981.

(29) Piot, Peter et al. "AIDS: An International Perspective," **Science**, February, 1988.

(30) Department of Public Health, **Washington State/Seattle-King County Quarterly aids Surveillance Report** (Seattle, WA: 4th Quarter, 1988.)

(31) Burns, Maryviolet C. "Are Black People Responsible for AIDS?," **Seattle Medium**, March 22, 1989.

(32) Schwartz, Pepper and Philip Blumstein **American Couples: Money, Work, Sex** (New York, NY: Pocket Books, Simon and Schuster, 1983.)

(33-34) Gomez, 1984.

(35) In Seattle, various **resources for gay and lesbian youth** are listed on a tape-recorded message: **322-7900**. Other major metropolitan areas sometimes have similar referral projects. To find out if your local area has a **youth information line**, call **(206) 282-9307** ... noon to 9 p.m. Seattle time , Monday through Friday.

(36-37) Whitlock, Katherine **Bridges of Respect: Creating Support for Gay and Lesbian Youth** (Philadelphia, PA: American Friends Service Committee, 1988.)

(38-42) Gomez.

(43) Seattle Municipal Code (SMC) 14.04 and King County Code (KCC) 7430 (fair employment ordinances), SMC 14.08 (housing and public accommodations), KCC 5280 (fair housing), SMC 12A.06 (malicious harassment).

In Seattle, the office that handles discrimination complaints is the **Human Rights Department, 684-4500**.

In King county it is the **Office of Civil Rights and Compliance, 296-7592**.

Anywhere in **Washington State**, discrimination concerns can be raised with the **Human Rights Commission, (206) 464-6500**. In other states, try calling your League of Women Voters for a referral.

(44) Sauerman, T.H. **Read This Before Coming Out to Your Parents** (Los Angeles, CA: **Federation of Parents and Friends of Lesbians and Gays, 1984) (303) 321-2270**. Their local number, in Seattle, is **(206) 325-7724**.

(45) Gordon, Sol and Judith Gordon **Raising a Child Conservatively in a Sexually Permissive World** (New York, NY: Simon and Schuster, 1983.)

(46) Miller, Benjamin et al. **Masculinity and Femininity** (Boston, MA: Houghton-Mifflin, 1971.)

(47) Jones, 1989.

Family/Friend Homework on "Gender Orientation"

A: SEXUAL BEHAVIOR

Below are a number of questions about the ethics (right and wrong) of same-sex sexual behavior (touch between two men or two women). Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Under what circumstances, if ever, do you believe that same-sex touch is wrong, sick or sinful?

(2) Under what circumstances, if ever, do you believe that same-sex touch is right, healthy or loving?

(3) In your opinion, is it right or wrong for two men or two women to hold hands in public or kiss hello when they see each other? Why or why not?

(4) In your opinion, should it be legal or illegal for two adult people of the same gender (two men or two women) to have sex? Why or why not?

(5) Do you believe gay and lesbian couples ought to be allowed to marry? Why or why not?

(6) If your parent told you he or she had ever had a same-sex sexual relationship, how would you feel? What would you say?

(7) If your child told you he or she had ever had a same-sex sexual relationship, how would you feel? What would you say?

Family/Friend Homework on "Gender Orientation"

EXERCISE A ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise A.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

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Family/Friend Homework on "Gender Orientation"

B: RELIGION, THERAPY

Below are a number of questions about the ethics (right and wrong) of trying to change people's gender orientation through religion or therapy. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) If you believe in God, how do you think God feels about gay, lesbian and bisexual people? Do you believe God made some people gay, lesbian or bisexual? Do you believe God wants everyone to be heterosexual? Why do you believe as you do?

(2) If you belong to a church, synagogue or mosque (or other organized religious group), does your religion have a belief about the ethics (rightness, sinfulness) of same-sex loving? Same-sex touch? Same-sex attraction? If so, what are these beliefs? If different members of your faith believe differently, what are some of their beliefs?

(3) Some psychiatrists, psychologists and counselors say they can change people's gender orientations; most say that is not possible. If a therapist had a way to change a person's gender orientation ... would it be right or wrong to try? Why? What if they could help a person abstain from sex, but not eliminate the person's crushes and loves? What if they could prevent a person from ever feeling any sexual feelings? Would that be good or bad?

(4) Suppose you belong to the board or the advisory group of a church, synagogue or mosque. The minister, priest or rabbi tells your committee that one member of the congregation is gay and has AIDS. How would you feel? How do you think others on the committee might feel? What is the best thing for your group to do? Why?

✂ -

Family/Friend Homework on "Gender Orientation"

EXERCISE B ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise B.

Date: __________

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student's signature

____
signature of family member or friend

Family/Friend Homework on "Gender Orientation"

C: FRIEND, BYSTANDER/ALLY

Below are a number of questions about the ethics (right and wrong) of being friends with someone who is gay, lesbian or bisexual and of how you act when you overhear teasing or harassment. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Suppose your friend told you he or she was gay, lesbian or bisexual. How would you feel? What would you say or do? Would it make any difference if your friend were male or female? Would you be proud or ashamed of what you said? Why?

(2) Suppose you are heterosexual. Your friend Pat (same sex as you are) invites you to go camping next weekend. You love camping and you don't get to go very often. You have heard rumors that Pat is gay. What would you probably say or do? Why? Do you wish you could say something different from what you really think you would say? What? Why?

(3) Suppose there is a girl in your school who acts kind of tough. She rides a motorcycle. She doesn't go out with guys, as far as you know. You overhear some kids, male and female, laughing about her, saying, "She's a `dyke' and she should go to some other school." What would you probably say or do? Do you wish you could do something different from what you really think you would do? What? Why?

(4) Suppose a student in your school writes an article for the school newspaper about his being gay. The next day, his locker has graffiti on it: "queer" "pervert". Would you do or say anything? What? Why or why not? Would your own gender orientation make any difference? Would you be proud or ashamed of your reaction? Why?

Family/Friend Homework on "Gender Orientation"

EXERCISE C ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise C.

Date: __________ ______________________________

student's signature

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signature of family member or friend

Family/Friend Homework on "Gender Orientation"

D: JOBS, HOUSING, INSURANCE

Below are a number of questions about the ethics (right and wrong) of basing hiring, housing and insurance decisions on a person's gender orientation. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) In most parts of the country, a boss (or the owner of a business) can decide not to hire someone because that person is gay, lesbian, or bisexual? Do you think that is ever the right decision? Why or why not? Does it depend? If so, what does it depend on? Regardless of whether it is the right thing to do ... is it the owner's right to decide? Should it be illegal to discriminate on the basis of gender orientation?

(2) Do you believe it is strictly a landlord's right to decide who to rent to? Is it ever OK to decide not to rent to someone based on his or her race or religion or whether or not he or she has children? Is the renter's gender orientation the same thing, or is it different? Why or why not? Should laws protect a landlord's right to decide or a renter's right to housing? Why?

(3) Suppose an insurance company did a background check and a former roommate told them someone was gay, lesbian or bisexual. In your opinion, is that a good reason not to sell the person insurance? Why or why not? Should that insurance company get to decide to whom to sell their own policies ... on that or any other basis? Should that person have a right to buy the insurance?

(4) Should the partner of an unmarried employee be able to recieve health care benefits as a legal spouse would? Why or why not? Does it matter if the couple is gay, lesbian, heterosexual or bisexual? Does it matter how long they have been a couple?

Family/Friend Homework on "Gender Orientation"

EXERCISE D ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise D.

Date: __________ ______________________________
student's signature

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signature of family member or friend

Family/Friend Homework on "Gender Orientation"

C: FRIEND, BYSTANDER/ALLY

Below are a number of questions about the ethics (right and wrong) of being friends with someone who is gay, lesbian or bisexual and of how you act when you overhear teasing or harassment. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Suppose your friend told you he or she was gay, lesbian or bisexual. How would you feel? What would you say or do? Would it make any difference if your friend were male or female? Would you be proud or ashamed of what you said? Why?

(2) Suppose you are heterosexual. Your friend Pat (same sex as you are) invites you to go camping next weekend. You love camping and you don't get to go very often. You have heard rumors that Pat is gay. What would you probably say or do? Why? Do you wish you could say something different from what you really think you would say? What? Why?

(3) Suppose there is a girl in your school who acts kind of tough. She rides a motorcycle. She doesn't go out with guys, as far as you know. You overhear some kids, male and female, laughing about her, saying, "She's a `dyke' and she should go to some other school." What would you probably say or do? Do you wish you could do something different from what you really think you would do? What? Why?

(4) Suppose a student in your school writes an article for the school newspaper about his being gay. The next day, his locker has graffiti on it: "queer" "pervert". Would you do or say anything? What? Why or why not? Would your own gender orientation make any difference? Would you be proud or ashamed of your reaction? Why?

Family/Friend Homework on "Gender Orientation"

EXERCISE C ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise C.

Date: __________ ______________________________

student's signature

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signature of family member or friend

Family/Friend Homework on "Gender Orientation"

D: JOBS, HOUSING, INSURANCE

Below are a number of questions about the ethics (right and wrong) of basing hiring, housing and insurance decisions on a person's gender orientation. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) In most parts of the country, a boss (or the owner of a business) can decide not to hire someone because that person is gay, lesbian, or bisexual? Do you think that is ever the right decision? Why or why not? Does it depend? If so, what does it depend on? Regardless of whether it is the right thing to do ... is it the owner's right to decide? Should it be illegal to discriminate on the basis of gender orientation?

(2) Do you believe it is strictly a landlord's right to decide who to rent to? Is it ever OK to decide not to rent to someone based on his or her race or religion or whether or not he or she has children? Is the renter's gender orientation the same thing, or is it different? Why or why not? Should laws protect a landlord's right to decide or a renter's right to housing? Why?

(3) Suppose an insurance company did a background check and a former roommate told them someone was gay, lesbian or bisexual. In your opinion, is that a good reason not to sell the person insurance? Why or why not? Should that insurance company get to decide to whom to sell their own policies ... on that or any other basis? Should that person have a right to buy the insurance?

(4) Should the partner of an unmarried employee be able to recieve health care benefits as a legal spouse would? Why or why not? Does it matter if the couple is gay, lesbian, heterosexual or bisexual? Does it matter how long they have been a couple?

Family/Friend Homework on "Gender Orientation"

EXERCISE D ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise D.

Date: __________ ______________________________

student's signature

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signature of family member or friend

Family/Friend Homework on "Gender Orientation"

E: PARENTING, CUSTODY, ADOPTION, SCHOOL

Below are a number of questions about the ethics (right and wrong) of gay and lesbian parents and school-aged youth. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Suppose a gay man or lesbian woman has children from a previous marriage. In the past, most courts have said these parents may not have custody or visitation. In some cases, these days, the court is allowing the gay or lesbian parent to continue parenting. What do you think? If you were a judge, on what would you base your decision? Do you believe a gay or lesbian parent can do a good job? Why or why not?

(2) It used to be impossible in most parts of the country for a gay or lesbian person or couple to become foster parents or to adopt children. That is beginning to change in some states. Some laws and judges, do allow gay and lesbian parents to adopt babies and older children. In some places gay and lesbian people have been allowed to become foster parents for homosexual teens who have been thrown out of their homes or run away. Do you believe gay and lesbian people should be allowed to be foster parents or to adopt children? Why or why not? Does it depend? If so, on what?

(3) Suppose your gay or lesbian friend, brother or sister was thinking about having a baby, and asked your opinion. What would you say or do or ask? Why? Would it depend? If so, on what?

(4) Suppose the principal learns from a teacher that a student is gay, lesbian or bisexual. Should he or she do anything? Encourage the student to change schools? Ask a counselor to meet with the student? Talk with the student's family? Talk with the teacher about the student's confidentiality (privacy)? Why should the principal do, or not do, any of these things?

Family/Friend Homework on "Gender Orientation"

EXERCISE E ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed GENDER ORIENTATION Homework Exercise E.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

Lesson Plan 5
Child & Adolescent Sexual Development: Gender Orientation and Society

Student Learning Objectives:

to be able to ...

1. Describe ways in which harassment, violence and discrimination in general hurt us all: the hater, the hated, and the observer.
2. Understand the experience of growing up gay, lesbian or bisexual in a world in which your people are feared and hated.
3. Describe the role of "ally" to a gay, lesbian or bisexual friend or family member.

Materials Needed:

- PHOTOCOPIES

  Six per class of ...
    Star, copied onto yellow paper,
    Triangle, copied onto pink, red, purple and blue paper *

  One per student of...
    Gender Orientation Worksheet
- MASKING TAPE **
- LEFT-HANDED SCISSORS, one class set **
- VIDEO: "Sticks, Stones and Stereotypes" ***

* *altogether, enough stars and triangles (approximately 30) so that each student gets either a yellow star or a pink, red, purple or blue triangle*

** *The use of the tape and scissors is optional: see activity 2a*

*** *The video is also optional. For information about ordering, see Appendices D and E*

Time Needed:

One class period without video or panels, two or more, with them

Agenda:

1. Explain the lesson's purpose and relevance.
2. Personalize the issue and address key concepts (prejudice, discrimination, "allies"). These tasks can be accomplished in one or more of three ways:
   a. Use the stars-&-triangles exercise, the monologue "Southpaw ...", and the Worksheet.
   b. Show, discuss the video.
   c. Invite a panel or panels.
3. Summarize the lesson.

ACTIVITIES:

1. Explain the lesson's purpose and relevance.

   Yesterday, we studied the facts about gender orientation, and homosexuality in particular. Today we'll focus, not so much on facts, but on feelings and the issue of discrimination.

   - *Today, those of you who are heterosexual will have a chance to think about what it might feel to have grown up gay, lesbian or bisexual in a world that doesn't understand your people ... a world filled with fear and hatred.*
   - *Those of you who are gay, lesbian or bisexual will have an opportunity to consider your own feelings about your gender orientation and about handling of prejudice.*
   - *We'll all consider what I call "ally skills" ... how to stand up for someone in the face of prejudice ... how to come away from an incident without getting assaulted and yet with your pride intact.*
   - *The homework assignment you received yesterday will give you a chance to consider and express some of your beliefs about various related moral issues.*

2. Personalize the issue of gender orientation and help students understand the experience of those who are gay, lesbian or bisexual. Also introduce the concepts of stereotyping, prejudice, discrimination and '**allies**' (see the Teachers' Glossary in Appendix C for background on the concepts). These tasks can be accomplished in one or more of three ways:

   a. **Use the stars-&-triangles exercise**, the monologue "Southpaw: A Fable" and the Gender Orientation Worksheet.

   b. Use the video **"Sticks, Stones and Stereotypes"**.

   c. Have as guest speakers a panel of persons who:

      - consider themselves gay, lesbian or bisexual,
      - are parents or other family members of gay, lesbian or bisexual people,
      - consider themselves "former homosexuals" (NOTE: See the comments in the activity.)

   These three alternative activities are elaborated below:

2a. How to use the stars-&-triangles exercise, monologue and worksheet:

Hand each student a simple line-drawing of a Holocaust symbol (a Star-of-David or a triangle) to cut out. Approximately one-fifth of the class should get stars (which you have photocopied onto yellow paper, to represent those that Jewish people in Nazi-occupied countries were made to sew to their clothing). One-fifth of the class should get triangles on pink paper (people believed to be homosexual were made to wear pink triangles), one-fifth purple triangles (Jehovah's Witnesses were made to wear them), one-fifth blue (emigrants, people who tried to escape from occupied countries, were made to wear them), one-fifth red (political prisoners were made to wear them).

Don't identify the meaning of the symbols yet.

Then give each student a pair of left-handed scissors, without identifying them as such. Have people cut out their symbols.

If scissors are unavailable, just ask everyone to write on their symbol, using their left hands, the sentence: **"Of course, everyone is left-handed."**

While students are cutting out (or writing on) their symbols, introduce the concept of prejudice by engaging in a little theatre. Read the monologue entitled "SOUTHPAW: A Fable" aloud.

Debrief the monologue in one of two ways:

- Conduct a structured writing exercise: Hand out the Gender Orientation Worksheet and give students 15 minutes to write their thoughts (not for a grade — in fact, they shouldn't hand them in to you — but simply for participation points when you see that they are completing the Worksheet), or
- Use the questions from the Worksheet as discussion questions to address the group's feelings, questions, critiques of the analogy in the fable.

Provide closure by taping a cut-out symbol to your own shoulder ... and by explaining briefly the significance of the symbols:

In the years leading up to World War II, and during the War, whenever Hitler occupied a country, certain of its citizens were forced to sew symbols to their clothing to identify their lower-class status. Eventually, each group was taken to prison camps and put to death. For example, Jewish people were made to wear yellow Stars-of-David. Gay people, or those believed to be gay, were made to wear pink triangles. Political prisoners were forced to wear red triangles. Emigrants, people caught trying to escape their homelands, had to wear blue triangles. Jehovah's Witnesses were forced to wear purple triangles.

Denmark, however, refused to cooperate in genocide. When Hitler announced that Jewish Danes would have to sew the yellow Star of David to their clothing, the King of Denmark is believed to have objected. He said that he didn't think people's religion had anything to do with their ability to be good Danish citizens. In protest, he sewed the Star to his own clothing. There is safety in numbers; most of the Danish people followed his example and expressed their solidarity with their Jewish friends and neighbors by sewing Stars on their own clothing ... thus saving the lives of thousands of Danish Jews.

I have masking tape in case anyone would like to wear the symbol you cut out(or wrote on). You might wear it as an expression of your belief in the importance of diversity, or as a sign that you want to work on noticing your own prejudices, or to show that you are committed to interceding when you see harassment and discrimination.

2b. Using the video "Sticks, Stones and Stereotypes":

Introduce it by explaining that there are two threads throughout the video. It alternates between interviews with real people and teen theatre skits. The four real people interviewed are (put their names on the blackboard):

- MEGAN (who identifies as Chinese-American and lesbian, and is out of high school, 18 years old),
- ADAM (who identifies as Jewish and heterosexual, and is a 16-year old high school student),
- JULIO (who identifies as Latino and gay, and is a college student, age 18), and
- SHEILA (who identifies as Black and heterosexual, and is an 18-year old high school student).

Forewarn your class that the acting in the rest of the film (besides the interviews with these four young people) is rather amateurish, and ask that they try not to be distracted by the acting. Ask them to focus on their own feelings as they watch.

To debrief the film, we especially recommend pages 20 through 37 of the discussion guide that comes with the video.

2c. Using a panel:

There are a number of appropriate panelists:

- **gay, lesbian and bisexual young adults** (In the Seattle area, call either the American Friends Service Committee, Gay/Lesbian/Bisexual Youth Program, at 632-0500, or the Bisexual, Gay and Lesbian Adolescent Drop-in, B-GLAD, group in Bellevue, at 747-4937 to arrange a panel.)
- **parents and family members** of gay, lesbian, and bisexual young adults. (Call your local chapter of Parents and Friends of Lesbians and Gays, a support organization of friends and family members. The Seattle area number is 325-7724; the national number, to direct you to the nearest local group, is [303] 321-2270.)
- **someone who identifies as a former homosexual** (Call your local chapter of Exodus International, a Christian counseling program that works with people wanting to change their gender orientations. The national number is [415] 454-1017; the number of the Seattle area affiliate, Metanoia Ministries, is 783-3500.) This, of course, is just as controversial as having a gay, lesbian or bisexual speaker. However, it can provide a different perspective. It may allay the concerns of otherwise opposed community members. It is only ever appropriate to have such a panel, however, if you **also** have one of the other three panels (on a separate day) for balance.
- **a mental health professional who works with gay, lesbian and bisexual youth** who does not perceive his or her role as helping people change gender orientations, but rather as helping them understand themselves (In East King County, call Youth Eastside Services at 747-4937. In Seattle, call the Seattle Counseling Service for Sexual Minorities at [206] 329-8707. If you live elsewhere, Seattle Counseling Service can provide you a local referral. Or look in the yellow pages, but call and discuss the professional's credentials and perspective, before asking him or her to speak.

It is crucial, if you have panelists who believe it is wrong to be gay, that you invite them on a separate day. The point of the lesson is to help students understand others' feelings, not to debate the ethics of the issue. (Homework focuses on ethics. One issue at a time.)

Recognize that a panel, while very valuable for debunking myths and demystifying the issue, may raise some community concerns. Therefore it is essential that you know your district's policies about guest speakers and that you clear the decision with your principal or building manager.

If you **invite a panel**, we suggest you introduce them in the following way:

Today's guests are here to share their stories ... to help us understand what it is like to be gay, lesbian, or bisexual (or ex-gay; a parent of a gay, lesbian, or bisexual youth; or a counselor for gay, lesbian, and bisexual young people). They will tell us a little about themselves, and about when and how they found out about gender orientation issues and what life has been like since then. You are welcome to ask questions. I have already explained our class' groundrules to the panelists:

- that they have the right not to answer any questions they choose not to,
- that we've all made a serious commitment

  ... to protect one another's confidentiality,

  ... to respect one another's right to differing opinions and

  ... to try to protect one another's feelings,
- and that these groundrules apply to (and protect) them as well.

3. Summarize the lesson:

You know, I don't believe any of us is responsible for the sad fact of having grown up in a bigoted world. And it isn't my "fault", for example, that I was born into privilege (white, male, able-bodied, with enough food to eat ... whatever applies to you). But it is my responsibility how I act from this day forward. My behavior **is** *my responsibility. I can participate in discriminating against other people, or I can stand by in silence while others do it, or I can protest against it.*

Southpaw: An Allegory

"There's something important about me I want to share with you today. You don't know this about me, not because I've lied about it, or even actively hidden it; I just don't talk about it much because it's kind of scary: I'm left-handed."

"I don't talk about it much, or use my hands much, around right-handed people. I tell myself, 'It's nobody's business. It's private and why do you have to show it?' But then I realize right-handed people show their handedness openly all the time. They write in public. They raise their hands in class. They'll walk into a room of strangers and boldly stick out their right hands to shake."

"Why don't I just offer my left hand as glibly? Well, I've seen lefties get 'looks' all my life. Once when a friend of my parents offered his left hand to shake, my parents went on and on after he left about why he made such a point of making them uncomfortable, of 'flaunting his preference.' Plus, it's no fun to be different. I noticed very young that all the tools seemed to be made for righties, all the scissors, all the desks. I saw that all the people on t.v., in magazine ads, even in my family, used their right hands ... except a few who were the butt of jokes. You've all heard those jokes and putdowns about 'southpaws.' You don't want to be weird like the people they laugh about."

"You know, I didn't choose to be different. It just feels more natural using my left hand. It always has, as far back as I can remember. I tried to change, when I began to realize I was different; I really did. For a while, I did use my right hand the most, but it never felt right. It never felt normal. It felt dishonest."

"Even now, I sometimes offer my right hand when people want to shake, just because it's easier, but it feels like a lie. I feel sort of crummy about myself when I do. More often, I pretend not to notice when people offer to shake hands. And in class, I mostly listen and try to remember the important points, rather than take notes publicly with my left hand. In the cafeteria, I get milkshakes with a straw, so I can sit them on the table and not use either hand."

"For a long time I felt very alone. I didn't think I knew another lefty in the whole world ... until I realized the others were just avoiding using their hands in public ... the same as I was! When I finally got to talk with other lefties, I found they'd been there all along: ten percent of my family, my friends, my neighbors. It was so exciting to discover they'd felt the same hurts and met the same challenges as I had! And many felt truly at peace with their handed-ness. Some were living full, happy, productive lives as lefties."

"You probably wonder why I'm sharing all this today. I guess there are a number of reasons."

"First, I know that some of you thought you'd never met a lefty before today. You have, of course, but you didn't know it at the time. I want you to have a chance to get to know me a little as a person; being left-handed is an important part of me, but it is only a part."

"Second, some of you who are right-handed suffer because of hand-prejudice, too. You may be careful not to ever use your left hands in public, even when your right hands are busy, for fear people will think you're really a lefty. You may feel bad when you overhear put-downs and don't know what to say. You end up feeling ashamed for not sticking up for what you believe and I want to help you learn how to act as proud allies, instead."

"Third, I feel an obligation to make sure that young left-handed people know there are happy, successful lefties out here."

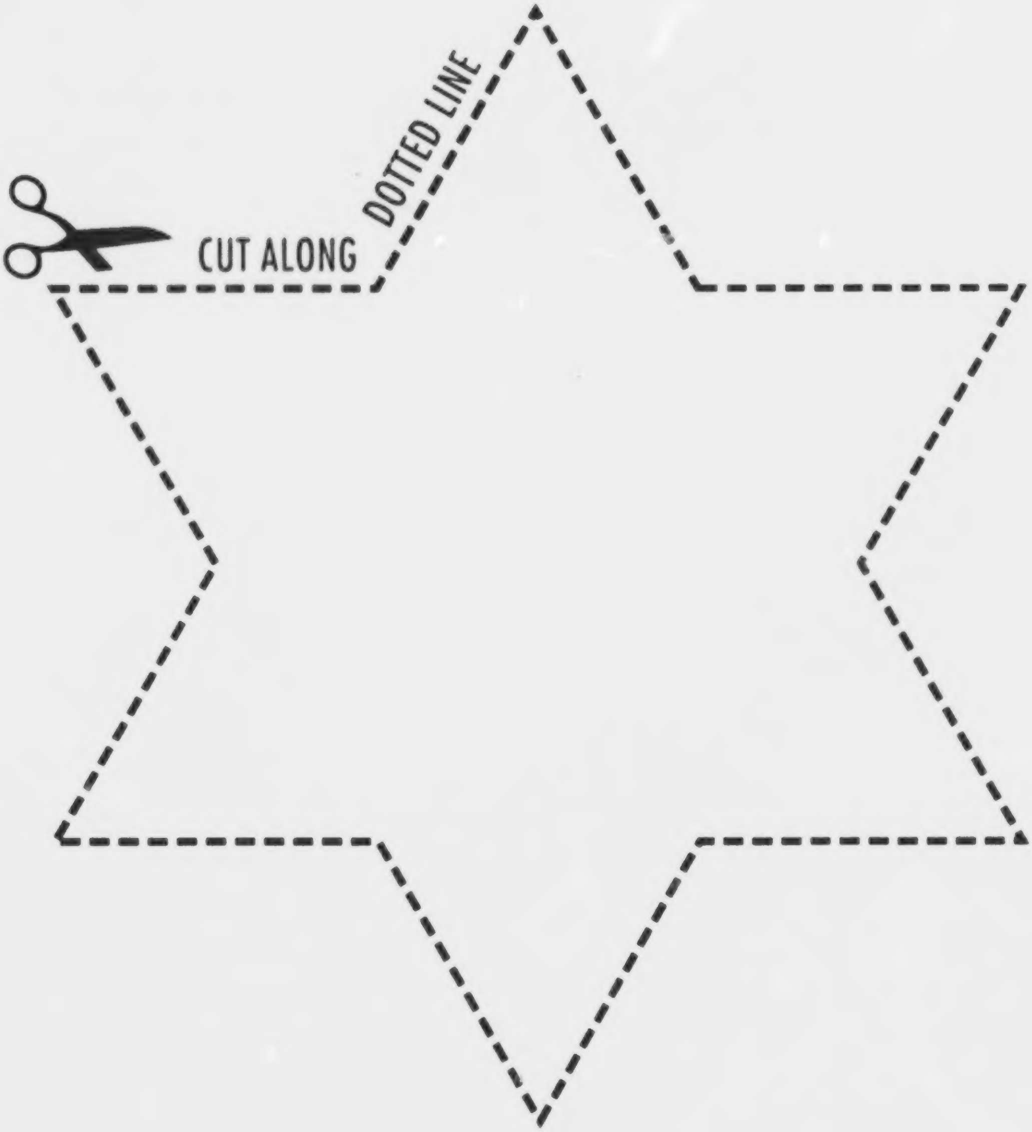
"And, most important, I want to protect those young people from the harassment and isolation I grew up with."

"But that doesn't mean I would ever try to `convert' or `recruit' a right-handed young person into a lefty. It probably wouldn't work if I did try. And it would hurt. Teachers used to try the opposite: to make left-handed kids learn to write with their right hands ... until it was found that this pressure caused some severe reading and learning problems. So it would be wrong to try to change another person. Besides, it's just a myth that left-handed people are into recruiting right-handed people."

"There have been a lot of myths and stereo-types about us throughout history. One myth is that everyone **is** either left-handed or right-handed! I have one friend who is ambidextrous: equally at ease using either hand. I have another friend who is mostly a righty, but who bats and catches left-handed. Not everybody is completely one or the other; people are more complex than that. What are some other myths? Some religions used to teach that lefties were possessed by the devil. Now, most religious groups would say that's ridiculous. Psychiatrists once thought that all lefties were mentally ill. Today, many would say that's just as silly. People used to think all left-handed folks had to dress and act certain ways. Now we know that's not true. Yes, some lefties act `different,' but many live lives very much like righties' lives ... so much so that you don't notice us. Many of us, in other words, are invisible. That's not to disparage those who do act or dress `different;' they are my brothers and sisters, too. But you need to understand that only a few of us fit the stereotypes."

"We can end prejudice against left-handed folks. We can learn to love and respect our brothers and sisters of both handednesses. We can teach our children that hate hurts us all: the haters and the hated. And that there is nothing to fear. Left-handed people don't want to make you into lefties. We won't take over the world."

"It just feels more natural to us when we use our left hands. That's all."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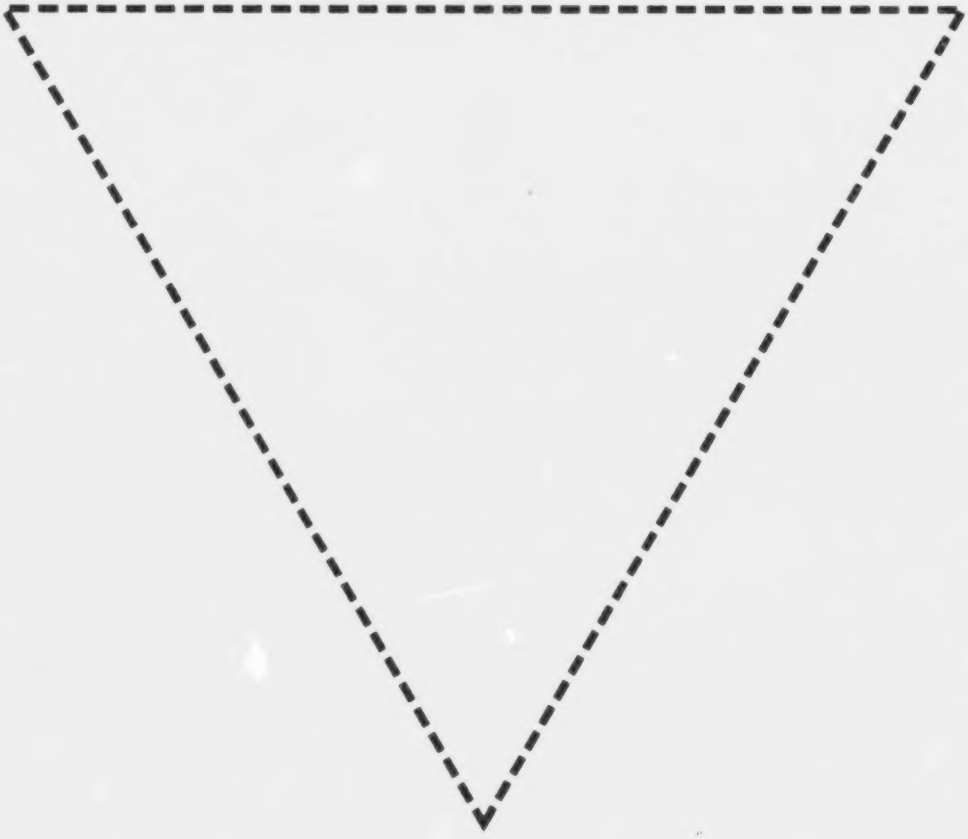

Gender Orientation & Discrimination Worksheet

For use with "Southpaw: An Allegory"

THIS WILL NOT BE HANDED IN OR GRADED. You get credit just for doing it.

1. Are you left-handed or right-handed? How did it feel drawing with your left hand or using the left-handed scissors? Can you think of parallels to the scissors ... ways our culture is tailored to heterosexual people so that gay and lesbian people are just expected to adapt in silence? Give some examples.

2. I said I'd heard "southpaw" used to make people feel bad. You've probably heard jokes and putdowns about gay and lesbian people. Give some examples of the kinds of words and non-verbal behaviors you've seen used to hurt gay, lesbian or bisexual people. How have you felt when you've heard or seen these things? How have you handled the situation? How would you have liked to handle it?

3. I said I had tried to change, to use my right hand. Some people who feel mostly attracted to others of their own sex try to ignore their feelings, too. They may try to make themselves fall in love with someone of the other sex ... or at least "act as if" they feel attracted when they don't. A few actually say they have changed, through therapy or religious experiences. Why do you suppose some people want to change? Others say that —even if there were a magic pill one could take to change his or her gender orientation — they wouldn't want to. Why do you suppose they might want to stay who they are?

4. Think about the handshake issue. Was my parents' friend wrong to offer his left hand in a handshake ... to "make them uncomfortable and flaunt his preference"? Why did it seem to may parents that he was "flaunting" or pushing? Have you heard similar comments about gay or lesbian people who tell someone that they are gay? What's "flaunting" and what's honesty?

5. Some people, of course, don't tell anyone. That's sometimes called "staying in the closet". Why? When I stopped trying to change my handedness, I just stopped using my hands altogether in public most of the time. That way people would assume I was righthanded, without my actually lying. Similarly, a lot of gay, lesbian and bisexual people just let folks assume they are heterosexual. Why do you think people assume that? Why do you think people just let others assume it? How would it feel to keep your feelings so private? How would it feel to actively hide or lie about your crushes, attractions, boyfriend/girlfriend, life partner, etc.?

6. Why do you suppose some people are open about being gay, lesbian or bisexual? Do you think they are right or wrong to be open about their feelings and identities?

7. I said that, for a while, I thought I was the only lefty in the world. A lot of young people who are gay, lesbian or bisexual think the same way. If your friend were gay, lesbian or bisexual, and was feeling all alone, what could you suggest?

8. I talked about two ways righties get hurt by hand-prejudice: (1) they may be afraid to use their left hands ever, for fear they'll be labeled and (2) they may feel crummy when they don't interrupt attacks on lefties. Do you think heterosexuals get hurt by anti-gay fear or prejudice ("homophobia")? How?

Lesson Plan 6

Child & Adolescent Sexual Development: Learning to Love

Prerequisite Knowledge

(Which may need remediation in some groups):

to be able to ...

1. Distinguish between consenting and exploitive (non-consenting) sexual behaviors.

Student Learning Objectives:

to be able to ...

1. Name the two essential components of love (liking another and caring about his or her welfare).
2. List and describe at least four different kinds of love and describe a "healthy relationship".
3. Describe at least five warning signs, concrete behaviors that show that a romantic relationship could be, or is, unhealthy (dysfunctional, abusive, unequal).
4. Evaluate the relative health of his or her own current or future romantic relationship.

Materials Needed:

- PHOTOCOPIES
  One per student of ...
    Sexual Exploitation Pretest
    The Love Worksheet
    Homework Confirmation Slip (half sheet)
    The Relationship Test
  One copy of ...
    The Love Transparency
  Two sets per class period of ...
    Healthy Vs. Unhealthy Love Cards
  Eight per class of ...
    Warning Sign (stop sign)
- SCISSORS, eight pairs
- CRAYONS or MARKERS, eight wide red ones
- "SCOTCH" TAPE

Time Needed:

One to three class periods ...
one for activities 1-3,
one for activities 4-5 and 7-8,
one for a panel

Agenda:

1. Administer the pretest and explain the lesson's purpose.
2. Use the first question of the Love Worksheet, with discussion, to introduce the concept of love (definition, different kinds).
3. In a small group exercise, address the concept of "healthy vs. unhealthy relationships".
4. Teach the concept of "concrete behavioral warning signs" using Love Cards in small groups, followed by large group debrief.
5. Summarize the lesson thus far.
6. OPTIONAL: Invite a panel.
7. Assign homework, reading the Relationship Test aloud.
8. Provide closure by linking this lesson to the parents-as-sex educators lesson.

ACTIVITIES:

1. Take five minutes to administer the pretest (unless you did it on day one of the unit). Correct it aloud. If the class' average score is below 4 out of 5 correct, we recommend beginning with remedial lessons on sexual exploitation, before you continue with this lesson. You may want to use lessons 9-12 of **9/10 FLASH**, especially lesson 10.

   Correct answers are: 1.a., 2.c, 3.b, 4.a, 5.c

   When you are ready to begin with this lesson on Love, explain its purpose and relevance:

   *About a week ago, we spent a day or two looking at **child** sexual development, from birth to puberty. Then, we began examining **adolescent** sexual development by looking at three key issues ... issues that are very important to many people during adolescence:*

   - *their **gender roles** (Am I feminine or masculine enough?) and*
   - *their **gender orientations** (Who am I attracted to and what does that mean about me?)*
   - ***sexual discrimination** (What do I believe about it? What am I prepared to do about it?)*

   *Figuring out these things about yourself is a critical task of adolescent sexual development. There is another critical task of adolescence and young adulthood: **learning to love**. That's what today's lesson is about. Each of us has to spend some time (usually a number of years) figuring out ...*

   - *what love is and how you know it when you see it (this is especially hard for people who **didn**'t grow up seeing much of it ... but it's not impossible)*
   - *how to love ourselves (not in a conceited way, but in a mature, confident way)*
   - *what we like and look for in others ... what kinds of people we can be friends with, what kinds we can love*
   - *how to tell the difference between lusting (or being infatuated) and loving*
   - *how to tell the difference between healthy and unhealthy relationships ... and how to make healthy ones (This last task is one people often work at well into adulthood, and even elderhood.)*

   *Remember that at the beginning of the unit we said that sexuality was much more than "sex"? It is liking and loving and friendship and family. People put a lot of energy into their social selves — learning to build friendships and especially romantic love relationships — during adolescence and young adulthood. Probably more energy than at any other time of their lives except during infancy. So, today we are finishing our study of adolescent sexual development with a look at **love**.*

   Love is a sensitive topic; I want to ask everybody to remember our groundrules.

2. Hand out the Love Worksheet and ask people to spend a couple of minutes starting to fill out **just the first question**. Invite sharing and discussion, including disagreement ... as long as people respect the ground rules.

   Try to reach consensus on a definition. If students' definitions include only some aspects of a definition, you might propose this one:

   Love is **"liking, enjoying someone plus caring about them (their needs, their feelings, their safety, their general well-being)".**

   If you propose this definition, write "LIKING + CARING" on the blackboard. If you do, however, challenge part 2 of your own definition:

   *What about a baby then? It "likes" the mother — that's an understatement, but it does not yet **care** about her needs, feelings, etc. Does it not love her?*

   No, we don't think so; not yet. So far it needs her. **She** may love the baby, but so far, by the definition above, the baby simply needs her, rather than "loving" her. Later, as a child with a growing cognitive awareness of her separateness and her humanness, it may **grow** to love her. The message: **Not everyone is capable of loving**.

   Then, challenge part 1 of your own definition:

   *What about your cranky, senile grandfather, then? You care about his needs, and you may remember **having** liked him in the past, but you haven't enjoyed being around him in years. Do you love him?*

   Well, not by the definition above. By that definition, you "care about" him, but don't exactly "love" him, as you once did. Unless remembering-having-liked someone counts. Perhaps the definition needs to be revised, because you can still love someone you have loved, even when you are hating his or her behavior and not enjoying being around him or her.

   So, maybe the definition should be:

   Love is **"liking, enjoying someone (or remembering times when you have liked and enjoyed them) plus caring about them (their needs, their feelings, their safety, their general well-being)"**.

   If the class has agreed on another definition with these two components (but in their own words), write their agreed upon definition on the blackboard. Otherwise, put the Love Transparency on the screen. Have students copy one of these definitions onto their Worksheets.

Brainstorm and discuss "kinds of love". Have people jot four of the types they brainstorm onto their Worksheets. The brainstorm should include:

- love of self,
- love of God or a "higher power",
- love for a parent or other mentor-type person (grateful, appreciative love),
- love for one's child, younger brother or sister, elderly parents or other person one takes care of (nurturing, responsible love),
- love for a friend to whom one is **not** sexually or romantically attracted (love between equals),
- romantic love (which may include all the above components, as well as "lust" or sexual attraction)
- and even love for a pet.

Also discuss which kinds may overlap. For example, if your parent was sick and needed your help, you might experience grateful and nurturing feelings at the same time. If your spouse were teaching you a foreign language, you might experience him or her as a beloved peer and mentor, both at the same time.

3. Introduce the concept of healthy vs. unhealthy "love" relationships (romantic relationships). Begin by dividing students into groups of 3 or 4. Ideally, there will be some co-ed groups and some all-male and all-female groups. Remind people of the groundrules.

Give students one instruction at a time (waiting until they finish one task, before you assign the next):

Within your groups, each person needs to choose a letter, so you've got person A, person B, person C, and maybe person D.

Now, everyone close your eyes. Think of two people you know who have a very healthy relationship, the healthiest one you can think of (can be a parent and child, a couple "in love", a pair of close friends, an aunt and nephew, **any** *two people with a healthy loving relationship). — If you absolutely can't think of any real people who you know personally with a healthy relationship, fictional ones (from TV or a book, perhaps) will do.*

(This last instruction is in recognition that children from dysfunctional families, especially if they have been socially isolated, simply may not have any healthy models.)

Now I am going to give Person A exactly one minute to explain why they chose that particular relationship ... Why you would describe that relationship as "healthy" ... What exactly you mean by "healthy". You have to speak for the entire minute. Go.

After exactly one minute, call time. Person B gets the floor, and so forth. After all the members of the group have had a minute, the group should talk it over, and try to agree on a definition for a healthy relationship.

Allow no more than three minutes for this small group discussion. Then debrief, quickly, as a large group. Have them rattle off, without debate as many specific, concrete behavioral indicators as possible ... actions they have observed that let them know those relationships are healthy.

Repeat the process looking at unhealthy relationships:

a. Students silently (eyes closed) identify an unhealthy relationship.

b. Each has a minute, in small groups, to describe the relationship and why they call it unhealthy.

c. The small groups try to agree on a definition of an unhealthy relationship.

d. The whole class brainstorms behavioral indicators of unhealthy relationships.

4. Optional (if you can allow a second or third day) ... Introduce the concept of warning signs by asking people to imagine this scenario:

Imagine that your best friend moved away. Your friend, T.J., may be male or female, and heterosexual, bisexual or homosexual; that doesn't matter for this exercise. Six months later you get a phone call from T.J.,

"I know it's long distance but I just had to talk to you. Wait 'til you hear this. You won't believe it. I'm in love."

So you chuckle at your friend's excitement and you say,

"OK, OK. Tell me the three things you love most about this person."

Suppose your friend starts out,

"Well, this may sound stupid but one thing I love about her (or him) is that she (or he) is patient with me. You know me; I'm late a lot. But she (or he) never crabs at me about it."

*You might say to yourself, "**Alright!** Finally found someone who treats you right. Sounds like a **healthy sign** to me."* ***(Write "HEALTHY SIGN" on the blackboard.)*** *But suppose, instead of talking about how patient this new love was, your friend started out,*

"Well, the thing I love the most is that he (or she) has a lot of time for me. He (or she) is not in school or working, so we can be together as much as I want."

*You might say to yourself, "Uh-oh. No school **or** job?! This person could be a real loser. Maybe it's no big deal ... maybe it's just a vacation. But, does T.J. really know what he (or she) is getting into?" You might not say it out loud, unless your friend asked your opinion, but you might be thinking, "This **could** be a **warning sign** about a not-so-healthy relationship. I'm a little worried about T.J." Or you might say to yourself, "There goes T.J. being stupid again."* ***(Write "WARNING SIGN ... TROUBLE?" on the blackboard.)***

I am going to give each group a couple of pages of statements your friend might make about why he or she is so in love.

NOTE: There are four 2-page sets of "Love Cards". So, if you have eight groups of students, two groups will get copies of set "A" and so on. Sets "A" and "B" are about a female loved one. Sets "C" and "D" are about a male loved one. Give each group a 2-page set of cards, and this instruction:

In each set of Love Cards, there are 7 or 8 that ought to set off little "worry alarms" in your heads. Each one, by itself, ***may*** *be no big deal. But they may be signs of a problem, if they are all that your friend sees in this new person, or if they get carried to an extreme.*

Try to find 3 of these statements ... ones your group thinks could be warning signs, dangerous or shallow things to love about someone ... statements that, if T.J. chose those 3 you might be a little worried, or you might shake your head. Talk about ***why*** *you'd be concerned.*

As you work on this, I'll be handing each group a roll of tape, a Warning Sign (notice it's shaped like a stop sign) and a red marker (or crayon). While you talk, one of you can be coloring in your stop sign. When you have chosen at least three "warning signs", cut them out and tape them to your stop sign. Now, go ahead and try to find the warning signs among your Love Cards. I'll give you five minutes.

As each group finishes taping their warning signs to their stop sign, have them choose a spokesperson who can explain why they decided they ought to be concerned about those three statements.

When most of the groups are finished, stop them all. Have the spokespeople from groups that **have** finished report to the class. Once they have reported, encourage discussion. Warning signs **we** hope your students will have identified are the following (If students haven't chosen at least one from each constellation, you should add them):

ONE-WAY STREET

cards 1, 24, 46, and 69

I love ... how much s/he does for me, all the things s/he gives me.... that I enjoy doing things for him/her.

HOW COULD THIS BE A PROBLEM? It's only a problem if it's a one-way street. It is healthy to enjoy another person's attention, their little gifts and symbols of caring. It's healthy to take pleasure in doing for someone you love. It is not healthy, though, unless it is a mutual thing. Why not ask T.J. if it goes both ways.

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LOOK WHO I'VE GOT

cards 5, 27, 50, and 72

I love ... how proud s/he seems to feel of our being a couple.... how proud I feel to be seen together.

HOW COULD THIS BE A PROBLEM? It's only a problem if it's one's **only** source of pride (if he or she feels otherwise inadequate), or if one's partner is only a showpiece. It's certainly not healthy to be in a relationship you are ashamed of. It is terrific and healthy to be proud of a relationship, as long as other people's approval isn't the **reason** for the relationship. Why not ask T.J. if they both enjoy walks alone in the park (or doing homework together), or if they only ever spend time with the approving masses?

PEOPLE AS THINGS

cards 6, 38, 51, 52, and 83

I love ... his car ... his height ... that she's rich ... her legs ...her hair.

HOW COULD THIS BE A PROBLEM? These are all shallow things. Some people might consider it wrong or stupid to find the money and the car attractive, or to focus on body parts instead of whole people. But even those who **don't** consider it wrong (who agree, for example that it's fun to be in love with a tall man or a leggy woman) will probably concede that if that's **all** one finds attractive, the relationship is not likely to be very fulfilling. Liking these things may not be a problem; liking **only** these sorts of things, may be. Why not ask T.J. what **else** he or she loves about this person?

BETTER THAN ME

cards 8, 33, 45, 53, 78, and 90

I love ... his/her maturity ... that s/he knows how to do everything ... he puts me on a pedestal, says he doesn't deserve me ... she looks up to me, says she wonders what I see in her.

HOW COULD THIS BE A PROBLEM? Loving someone's maturity and talents is healthy. It's only a problem if it's a sign of a real difference in age, life experience, or self-esteem. These kind of differences usually mean big disparities in personal, emotional power in the relationship. They set the less confident partner up for serious pain and disappointment ... even sometimes abuse. They set the more confident partner up for guilt, if they end the relationship ... and also sometimes for abuse (the less confident partner may become abusive to try to take back or equalize the power). Why not ask T.J. whether they feel like equals, whether they take turns deciding things and **both** admire the other.

MOMMY OR DADDY

card 14

I love ... how much he needs me, he's such a little boy.

HOW COULD THIS BE A PROBLEM? Seeing the child in one's partner can be a healthy thing, a sign that you are seeing behind the partner's public self, to the real person inside. But this statement could also show a condescending attitude, or a power disparity. Is it usually a relationship of equals, or is T.J. stuck in a parent-child dance with this person? Sometimes parent-child struggles in romantic relationships lead to abuse.

MINE ALL MINE

cards 18, 63 and 89

I love ... that s/he's jealous, doesn't like for me to talk to other girls/guys ... that she's a real lady and not a slut, that she doesn't flirt or come on to other guys.

HOW COULD THIS BE A PROBLEM? Experts disagree about whether a little jealousy is a healthy sign or not. But they are unanimous in their concern that an excess of jealousy, especially over a partner's platonic friendships, is a sign of low self-esteem and often precedes abusive behavior. Maybe you can help T.J. think of **healthier** symbols that this new love reciprocates his or her feelings.

POPULARITY JUNKIE

cards 35 and 80

I love ... that s/he is so well-liked, so popular.

HOW COULD THIS BE A PROBLEM? Enjoying the other person's success is healthy, including his or her success at social skills (at making friends, making acquaintances feel liked, etc.). When it's **not** healthy is when the partner's popularity is a commodity, like money or a car ... when you like them only for something they can give you: second-hand popularity as the partner of the star. Why not ask T.J. what **about** this person's popularity is so much fun? If it's fun to watch the person having fun at center-stage, more power to them both. If it's fun because T.J. gets invited places as this person's date, then it's worth finding out what **else** T.J. is liking about this person.

MARLBORO MAN, STEPFORD WIFE

cards 44 and 59

I love ... that he's a real man, not a wimp, doesn't let people push him around ... that she let's me be the boss, wants to do what I want to do.

HOW COULD THIS BE A PROBLEM? Enjoying someone else's assertiveness could be healthy, but not when it becomes aggression and only if the partner can assert herself in the relationship, too. The problem with needing to "be a real man" is that our images of ultra-masculinity can be distorted, fantasy images that may be fun in movies, but that aren't safe or kind in real life. Experts agree that relationships based on rigid gender roles (whether they are heterosexual or homosexual), while certainly not guaranteed to lead to abuse, are at greater **risk** for it than relationships between people who feel like equals. That doesn't mean that one person can't enjoy dressing in ruffles, or that the other can't prefer football to sewing ... it just applies to how they feel about and treat one another.

LUST AS LOVE

cards 2, 25, 47, 70

I love ... how sexy and attractive /he is ... how sexy and attractive I feel when I am with him/her.

HOW COULD THIS BE A PROBLEM? Being "turned on" by someone you love romantically is healthy, and most people would even describe it as an essential part of romantic love. It's only unhealthy if it's all that attracts you about the person, or if you confuse this "**lust**" or "**infatuation**" for love itself. It **isn't** love, by itself. It's just a nice **precursor** (it often happens early in a relationship, before you know a person well enough to love him or her) or an **enhancement** or **component** of love. Maybe you can find out if T.J. is confusing this feeling with love.

5. Summarize the lesson thus far, by reiterating these key points from the discussion, if they've been raised, or by raising them, if students have not:

I've heard some of you say (or "Experts say...") that the best advice is:

- *Pay attention to a person's actions, not his or her words.*
- *As you get to know the person, ask yourself if he or she is* ***capable*** *of loving. (Remember the baby we talked about earlier, who is capable of needing his or her parent, but not yet able to truly love?)*
- *A person is capable of loving another only if he or she*

... has healthy self-esteem (not conceit, but confident self-love: likes own self, knows own strengths and weaknesses, takes good care of self).

... is cognitively and emotionally able to understand that others have needs, feelings (all babies and, sadly, some adults, are simply unable to understand this).

... wants to (not only is ***able*** *to, but does indeed, like and care about the other person).*

6. Optional (if you can allow a second or third day) ... Have as guest speakers a panel of persons/couples who are, ideally, 18-25 and:

    a. in relationships of a year or longer duration, **and/or**

    b. in treatment/recovery from a relationship that included domestic violence.

    If you choose option (a) above, we suggest trying to balance the panel, if possible, to include at least one couple who is abstaining from sexual intercourse (or who did, until marriage).

    If you choose option (b) above, try to make sure that at least one panelist is male.

    In either panel, try to provide diversity of race, religion and gender orientation.

7. Assign homework. People have 3 choices:

    - They can finish the Love Worksheet, individually, in writing.
    - They can finish the Love Worksheet with a family member as a Family Homework Exercise, aloud. Then, instead of turning in the Worksheet for credit, they turn in only a Family Homework Confirmation Slip. (Hand these out.)
    - Or, **if** they have a romantic relationship (boyfriend or girlfriend, husband or wife), and **if** they are willing to have someone — the partner or a family member — see their answers, they can take the Relationship Test, and have the partner or family member sign a Family Homework Confirmation Slip to attest that they completed it.

    (They can also take the Relationship Test and keep their answers totally to themselves, but this would not be for credit.)

    Hand out the Relationship Test. Explain that people are **not** to fill it out in class. It is too sensitive and personal. However, its reading level is fairly high. So rather than simply assigning it for homework, make sure you have it read aloud, first. Go up and down the aisles having people read the questions aloud, passing if they prefer not to read.

8. Close with a plea to the class, as future parents, linking this lesson back to the Child Sexual Development lesson:

    *Most of you will be parents some day, if not biological ones, then parents in a more general sense. You know that young people who grow up watching healthy relationships at home have an advantage. They are more likely to choose partners who will treat them well, and more likely to know how to treat a partner well in return. Of course that **doesn't** mean that kids who've grown up watching adults hurt one another can't break the cycle. But they have to pay extra attention to the subtle, early clues of warning in their relationships ... and it's hard. I'm asking you to work at developing healthy relationships, if not for yourselves then for your children: what you show them is all they will know. Please, teach them how to love, by loving another adult really well.*

Love And Sexual Exploitation Pretest

NAME **DATE** **PERIOD**

DIRECTIONS: Check the best answer to each question.

1. The opposite of "exploitive" touch is:
    ___ a. consenting touch
    ___ b. adult touch
    ___ c. illegal touch
    ___ d. embarrassing touch
2. Suppose you're going with someone, and they say they want to have sex with you, and they change their mind at the last minute. If you get mad and make them do it, that's:
    ___ a. persuasion
    ___ b. adult
    ___ c. illegal
    ___ d. consenting
3. Forcing a person to have sex is called "rape," even if the two people know each other.
    ___ a. true, but not if one has led the other on
    ___ b. true, no matter what the situation
    ___ c. false
4. Touching a person, in a sexual way, while he/she is drunk or high is an example of:
    ___ a. exploitive touch
    ___ b. fair touch
    ___ c. persuasion and consent
    ___ d. mutually consenting touch
5. Suppose two people want different kinds or amounts of touch, and they talk it over. They care about each other's feelings and they end up agreeing on touch they both feel good about. That's called:
    ___ a. sexual assault
    ___ b. sexual harassment
    ___ c. persuasion and consent
    ___ d. abstinence

*NUMBER OF ANSWERS THAT WERE CORRECT TO BEGIN WITH (before you changed them) :*____________

(Please be honest. This won't affect your grade. I just need to know in order to plan lessons.)

Love Worksheet

NAME **DATE** **PERIOD**

DIRECTIONS: Answer each question with specific, concrete examples. Use extra paper, if needed.

1. What is love?
   - your definition: ______
   - your class' definition: ______
2. List four kinds of love:
   1. ______
   2. ______
   3. ______
   4. ______
3. Think of two people you know who have a very healthy relationship, the healthiest one you can think of (can be a parent and child, a couple "in love", a pair of close friends, an aunt and nephew, any two people with a healthy loving relationship).
   a. Why do you describe their relationship as "healthy"? What do you mean by "healthy"?

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b. Still thinking about the same relationship, describe at least one specific thing each of them does to keep the relationship "healthy". Describe one concrete behavior you have seen one of the people do, and then one concrete thing you've seen the other person do.

person 1: ______________________________

____

person 2: ______________________________

____

4. Think of two people you know who have a relationship you consider unhealthy ... the unhealthiest one you can think of (again, can be any two people, but don't identify them by name or say how you know them).

Why do you describe their relationship as "unhealthy"? ______________________________

____

____

What concrete behaviors have you seen that shows you it's "unhealthy"? ______________________________

____

____

5. Describe the kind of person who is able to love someone, in a healthy sense.

____

____

____

6. List five things someone could do, that would warn you that a relationship with this person would probably be unhealthy.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

Family/Friend Homework Exercise on "Love"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

Today you got a handout called the Love Worksheet. Read it and think about it. Talk it over with a family member or another trusted adult or with a close friend, boyfriend or girlfriend. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the LOVE WORKSHEET, aloud together.

Date: __________ ______________________________
student's signature

____
signature of family member or friend

Family/Friend Homework Exercise on "Love"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

Today you got a handout called the Love Worksheet. Read it and think about it. Talk it over with a family member or another trusted adult or with a close friend, boyfriend or girlfriend. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the LOVE WORKSHEET, aloud together.

Date: __________ ______________________________
student's signature

____
signature of family member or friend

Relationship Test

This test combines the results of several studies of healthy and unhealthy relationships.

If you are in a romantic relationship (if you have a boyfriend or girlfriend or if you are married) try asking yourself these questions. Nobody has to see your answers but you. You will not be turning them in. This test is just for you.

Circle your answers:

1. Can you describe specific things you love about him or her? .... yes no
2. Does he or she have a lot in common with your "ideal partner"? .... yes no
3. Is he or she willing for you to spend time by yourself, instead of being together every minute? .... yes no
4. Is he or she glad you have other friends and interests? .... yes no
5. Does he or she have other good friends and interests, besides you? .... yes no
6. Is he or she pleased about your goals, plans and dreams? .... yes no
7. Does he or she both talk and listen? .... yes no
8. Does he or she ever ask your opinion? .... yes no
9. Does he or she ever express an opinion? .... yes no
10. Does he or she enjoy your successes, and let you enjoy them, instead of ignoring them or putting them down? .... yes no

How many times have you said "yes" so far? Add them up: ________

The more "yes" answers in questions 1-10, the more likely it's a healthy relationship.

11. Has your partner ever bitten, hit, slapped, kicked, pushed, shoved, choked or punched you? .... yes no

12. Has your partner ever thrown objects at you? .... yes no

13. Has your partner ever left you somewhere that wasn't safe? .... yes no

14. Has your partner ever refused to help you when you were sick, hurt or pregnant? .... yes no

15. Has your partner ever held you to keep you from leaving or locked you out of the house? .... yes no

16. Has your partner ever tried to get you to break a family rule or said you were immature for caring what your family thinks? .... yes no

17. Has your partner ever forced you to ride with him or her when he or she had been drinking or was driving recklessly? .... yes no

18. Has your partner ever threatened or hurt you with a weapon, or threatened to hurt your family or friends? .... yes no

19. Has your partner ever made jokes or insulting remarks about people of your gender, religion, race, class, gender orientation or family? .... yes no

20. Has your partner ever punished you with the silent treatment (sulking, "splitting" in the middle of an argument)? .... yes no

21. Has your partner ever put you down or told you to "shut up" in front of other people? .... yes no

22. Has your partner ever called you names (especially "slut" or "dyke" if you are a woman, or "wimp" or "faggot" if you are a man) or told you that you are stupid, ugly, no good, etc.? .... yes no

23. Has your partner ever insulted or driven away your friends or family? .... yes no

24. Has your partner ever taken your car keys, your money, or any other things you value or need? .... yes no

25. Has your partner ever told you about "cheating on you" or accused you of "cheating" when you weren't? Has he or she ever "come on" to someone else in front of you? .... yes no

26. Has your partner ever lied to you or broken a promise? .... yes no

27. Has your partner ever insisted that you dress in a more "sexy" way than you wanted? .... yes no

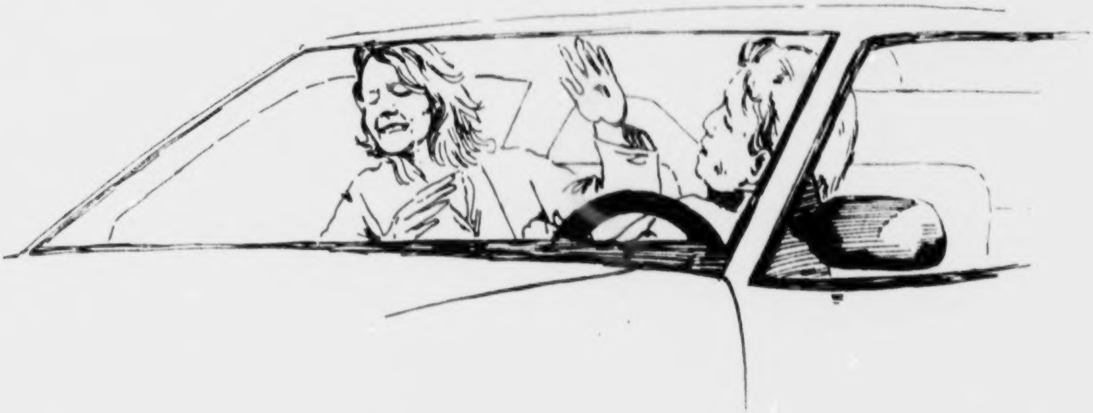
28. Has your partner ever forced you or pushed you into doing something sexual that you didn't want to do? .... yes no

29. Has your partner ever broken, burned or torn something of yours in anger? .... yes no

30. Has your partner ever gotten drunk or high and used it as an excuse for sex or to hurt you? .... yes no

How many times have you said "no" in questions 11-30? Add them up: ________

Even one "yes" to these questions means you are being abused, by most standards. If you said "yes" to one or more of these, think about getting help from a trusted adult or an expert.



If you are female and your partner is male, answer questions 31-35.

If you are male and your partner is female, answer questions 36-40.

If you are both male, answer questions 41-45.

If you are both female, answer questions 46-50.

31. Does he think women can be as smart and capable as men? yes no
32. Does he like and admire the women in his family? yes no
33. Does he show you affection even when he isn't saying he's sorry for something he's done, or asking for sex? yes no
34. Do you mostly feel good about yourself when you are around him? yes no
35. Could you feel proud about telling him you got accepted to your first choice of college or that you got a great new job? Do you trust that he would be truly happy for you? yes no

36. Does she think men can be as gentle and caring as women? yes no
37. Does she like and admire the men in her family? yes no
38. Does she mostly feel good about herself, instead of always needing your approval? yes no
39. Do you mostly feel good about yourself when you are around her? yes no
40. Could you feel safe about telling her you walked away from a fight or that you cried about something? Do you trust that she would still respect you? yes no

41. Is he proud of loving you and able to tell at least a few of the people who care about him? yes no
42. Does he respect and admire any other gay men? yes no
43. Does he mostly feel good about himself, and enjoy being a man? yes no
44. Do you mostly feel good about yourself when you are around him? yes no
45. Does he find anti-gay jokes offensive, rather than funny? yes no

46. Is she proud of loving you and able to tell at least a few of the people who care about her? yes no
47. Does she respect and admire any other lesbian women? yes no
48. Does she mostly feel good about herself and enjoy being a woman? yes no
49. Do you mostly feel good about yourself when you are around her? yes no
50. Does she find anti-lesbian jokes offensive, rather than funny? yes no

How many times have you said "yes" in questions 31-50? Add them up: ________

FINISH THIS SENTENCE: So far, looking at my answers makes me realize ...

____

____

____

____

____

____

____

If you have had, or think you might ever have, penis-vagina intercourse in this relationship, or if this is someone you might marry, answer questions 51-55.

51. Have you talked about whether you want a pregnancy? And are you in agreement? .... yes no sort of

52. If you have agreed that you want a baby, have you discussed how you will afford it and who will do which chores? ... Or if you have agreed that you don't want a baby right now, have you talked over what you will each do in terms of birth control? .... yes no

53. No matter what they do to reduce risk, sometimes couples do have unplanned pregnancies (unless they abstain). Have you talked about what you think you would each want to do if an unplanned pregnancy started? And do you agree? .... yes no sort of

54. **Guys**: Even if they think they would choose abortion or adoption, sometimes women change their minds. In case that happens, is this the person you would really want to be the other parent of your child? Even if you split up (or divorced)? .... yes no

Girls: In case you did get pregnant and chose to raise the baby, is this the person you would really want to be the other parent of your child? Even if you split up (or divorced)? .... yes no

55. **Guys**: Even if they think they would choose to raise a baby, sometimes women change their minds and decide on abortion or adoption. Could you live with those decisions, even if you disagreed? .... yes no

Girls: If you did get pregnant and didn't feel you could raise a baby, are you prepared to have to choose abortion or adoption? .... yes no

If you have had, or think you might ever have, any kind of intercourse (oral, anal or vaginal) in this relationship, answer questions 56-65.

56. Did you both get tested for HIV and other STDs before your first sex with each other? Or, if you haven't had sex yet, will you both be tested first? .... yes no one of us

57. Has he or she accepted your right to use condoms or (for oral-vaginal or oral-anal sex) a dental dam? .... yes no

58. Do you trust that he or she will tell you if he or she has, or later gets, symptoms of an STD? (Base your answer on whether he or she has been willing to talk about really hard, really personal issues in the past.) .... yes no I'm not sure

59. Has he or she always paid attention to your feelings about touch and been willing to accept it when you have said "no" (without pushing, pouting, or any other pressure)? .... yes no sort of

60. Can you tell each other, in words (not just body language) what you like and dislike when you touch ... even about simple things like kisses? .... yes no

61. Do you have many of the same feelings about sexual touch (about what is fun, what is "yukky", or whatever)? Or do you, at least, both know and care about the other person's feelings? .... yes no I'm not sure

62. Do you have mostly the same values about sexual touch (about what kinds are right or wrong, if any)? Or do you, at least, both know and respect the other person's values? .... yes no I'm not sure

63. Have you talked about what parts of your relationship are private and what parts you don't mind being discussed with other people? .... yes no

64. Have you talked about whether you both really do want sex or is it really one person's choice? And, if you do both want it, do you have similar reasons? .... yes no sort of

65. Do you both show your caring in ways other than sex ... not just in words, but in how you act and what you do? .... yes no sort of

How many times have you said "yes" in questions 51-65? Add them up: ________
The more you said "yes", the better.

Any "no" or "maybe" answers in questions 51-65 should be signs for concern. Are you risking your health, your future family, your future sex life? Is it worth it? Could you "go with" this person, but not have sex, or at least not intercourse? Could you wait until you know each other better? Or until you are married? Or maybe this won't ever be the right person. Is this relationship good for you? Is is what you want?

FINISH THIS SENTENCE: My answers to questions 51-65 make me realize ...

____

____

____

What five adjectives would best describe your relationship? ____________________

____

____

Is this relationship good for you? both of you? _______________________________

Is there anything you've learned about your relationship, that you are happy about?

What? ____

____

____

Is there anything you discovered, that you want to change about your relationship?

What? ____

____

Now comes what may be "the hard part" of this exercise: **do you want to talk about it with your partner** (boyfriend, girlfriend, husband, wife, etc.)**?** If so, you may **both** want to fill out the "test", first. Then go someplace private, where there won't be interruptions (phone, t.v., etc.) Get a couple of cups of coffee, tea, or cocoa and take your time to really listen to one another. Good luck.

Parts of this test were adapted with permission from **Getting Free**, by NiCarthy and **No is Not Enough**, by Adams, Fay, and Loreen-Martin.

Love Transparency

LOVE (luv) *n.*

liking, enjoying someone
(or remembering times
when you have liked
and enjoyed them),
PLUS caring about them ... their
needs, their feelings, their
safety, their
general well-being.

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Healthy vs. Unhealthy Love Cards

(SET A: 1-23)

1. One thing I love about him is ... how much he does for me, all the things he gives me.

2. One thing I love about him is ... how sexy and attractive he is.

3. One thing I love about him is ... that I just enjoy being together, spending time together.

4. One thing I love about him is ... that I can be my real self with him. He knows the real me behind my public mask.

5. One thing I love about him is ... how proud he seems to feel of our being a couple.

6. One thing I love about him is ... his car.

7. One thing I love about him is ... his brains.

8. One thing I love about him is ... his maturity.

9. One thing I love about him is ... how much we have in common.

10. One thing I love about him is ... that he likes and gets along with my family.

11. One thing I love about him is ... how strong and capable he is.

12. One thing I love about him is ... how we can argue without trying to hurt each other.

13. One thing I love about him is ... how much he enjoys being with me, spending time with me.

14. One thing I love about him is ... how much he needs me. He's such a little boy in some ways.

15. One thing I love about him is ... how he doesn't put other people down or talk about them behind their backs.

16. One thing I love about him is ... that he doesn't let me bully him. He stands up to me.

(SET A: 1-23) -continue

17. One thing I love about him is ... that he gets just as excited as I do when I accomplish something. He doesn't tell me I'm conceited.

18. One thing I love about him is ... that he's kind of jealous. He doesn't like for me to talk to other guys.

19. One thing I love about him is ... that he isn't jealous and possessive. I can have other friends without his feeling left out.

20. One thing I love about him is ... how much we share in terms of spiritual beliefs.

21. One thing I love about him is ... that he is active in the community (volunteer work, politics, whatever).

22. One thing I love about him is ... that we enjoy doing the same kinds of things for fun.

23. One thing I love about him is ... how good he is at ________ (cooking, fixing things, playing drums, whatever).

Healthy vs. Unhealthy Love Cards

(SET B: 24-45)

24. One thing I love about him is ... that I enjoy doing things for him. It makes me feel good.

25. One thing I love about him is ... how sexy and attractive I feel when I am with him.

26. One thing I love about him is ... that he lets me know the real him, the part of him the "public" doesn't see.

27. One thing I love about him is ... how proud I feel to be seen together.

28. One thing I love about him is ... all the things he does for other people.

29. One thing I love about him is ... his sense of humor.

30. One thing I love about him is ... that we feel like equals.

31. One thing I love about him is ... that he likes and gets along with my friends.

32. One thing I love about him is ... how good I feel about myself when we're together (smart, mature, funny, whatever).

33. One thing I love about him is ... that he knows how to do everything!

34. One thing I love about him is ... how he doesn't let me hurt myself, take stupid risks, put myself down.

35. One thing I love about him is ... that he is so well-liked, so popular.

36. One thing I love about him is ... that he takes pride in looking good.

37. One thing I love about him is ... that he cares about my feelings.

38. One thing I love about him is ... his height.

39. One thing I love about him is ... that he understands my sadness or hurt or whatever I'm feeling.

(SET A: 24-45) -continue

40. One thing I love about him is ... how affectionate and romantic he is.

41. One thing I love about him is ... that he is active in church (or synagogue, mosque, temple).

42. One thing I love about him is ... that he is active in school activities (sports, music, whatever).

43. One thing I love about him is ... that he thinks women can be as wise, organized, and strong as men.

44. One thing I love about him is ... that he's a real man and not a wimp; he doesn't let people push him around.

45. One thing I love about him is ... he puts me on a pedestal; he sometimes says he doesn't deserve me.

Healthy vs. Unhealthy Love Cards

(SET C: 46-68)

46. One thing I love about her is ... how much she does for me, all the things she gives me.

47. One thing I love about her is ... how sexy and attractive she is.

48. One thing I love about her is ... that I just enjoy being together, spending time together.

49. One thing I love about her is ... that I can be my real self with her. She knows the real me behind my public mask.

50. One thing I love about her is ... how proud she seems to feel of our being a couple.

51. One thing I love about her is ... that she's rich.

52. One thing I love about her is ... her legs.

53. One thing I love about her is ... her maturity.

54. One thing I love about her is ... how much we have in common.

55. One thing I love about her is ... that she doesn't take me for granted. She appreciates things I do for her.

56. One thing I love about her is ... that she really cares about me. She even helped me stop smoking.

57. One thing I love about her is ... how we can argue without trying to hurt each other.

58. One thing I love about her is ... how much she enjoys being with me, spending time with me.

59. One thing I love about her is ... that she lets me be the boss. She wants to do what I want to do.

60. One thing I love about her is ... how she doesn't put other people down or talk about them behind their backs.

61. One thing I love about her is ... that she doesn't let me bully her. She stands up to me.

(SET C: 46-68) -continue

62. One thing I love about her is ... she gets just as excited as I do when I accomplish something. She doesn't tell me I'm conceited.

63. One thing I love about her is ... that she's kind of jealous. She doesn't like for me to talk to other girls.

64. One thing I love about her is ... that she isn't jealous and possessive. I can have other friends without her feeling left out.

65. One thing I love about her is ... how much we share in terms of spiritual beliefs.

66. One thing I love about her is ... that she is active in the community (volunteer work, politics, whatever).

67. One thing I love about her is ... that we enjoy doing the same kinds of things for fun.

68. One thing I love about her is ... how good she is at _______ (fixing things, cooking, playing drums, whatever).

Healthy vs. Unhealthy Love Cards

(SET D: 69-90)

69. One thing I love about her is ... that I enjoy doing things for her. It makes me feel good.

70. One thing I love about her is ... how sexy and attractive I feel when I am with her.

71. One thing I love about her is ... that she lets me know the real her, the part of her the "public" doesn't see.

72. One thing I love about her is ... how proud I feel to be seen together.

73. One thing I love about her is ... she's nice, but she doesn't let people walk all over her. She's not too shy to speak up.

74. One thing I love about her is ... her sense of humor.

75. One thing I love about her is ... that we feel like equals.

76. One thing I love about her is ... that she likes and gets along with my friends.

77. One thing I love about her is ... how good I feel about myself when we're together (smart, mature, funny, whatever).

78. One thing I love about her is ... that she knows how to do everything!

79. One thing I love about her is ... how she doesn't let me hurt myself, take stupid risks, put myself down.

80. One thing I love about her is ... that she is so well-liked, so popular.

81. One thing I love about her is ... that she takes pride in looking good.

82. One thing I love about her is ... that she cares about my feelings.

83. One thing I love about her is ... her hair.

84. One thing I love about her is ... that she understands my sadness or hurt or whatever I'm feeling.

(SET D: 69-90)

85. One thing I love about her is ... how affectionate and romantic she is.

86. One thing I love about her is ... that she is active in church (or synagogue, mosque, temple).

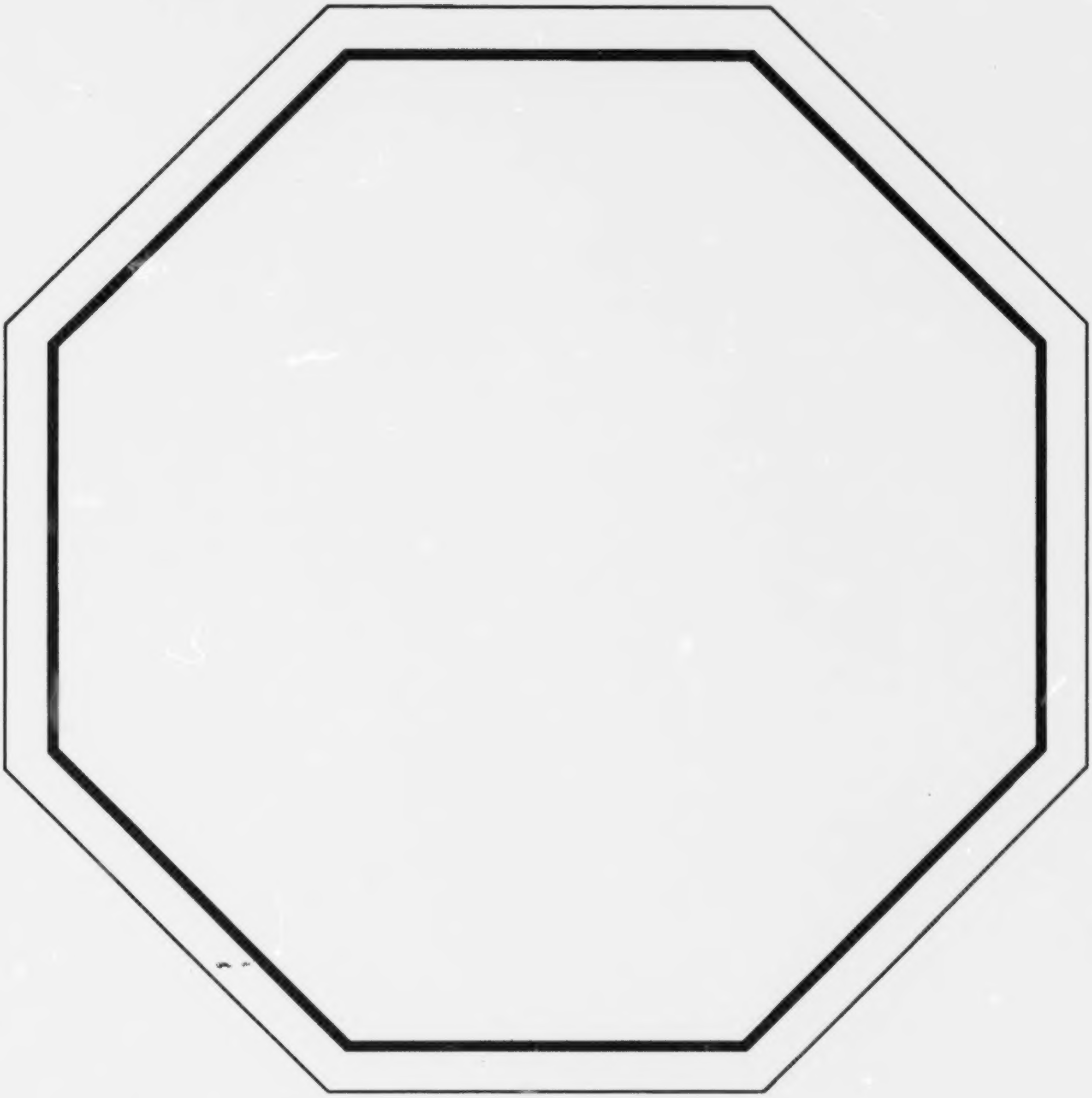
87. One thing I love about her is ... that she is active in school activities (sports, music, whatever).

88. One thing I love about her is ... that she thinks men can be as responsible, caring and human as women.

89. One thing I love about her is ... that she's a real lady and not a slut; she doesn't flirt or come on to other guys.

90. One thing I love about her is ... she looks up to me; she sometimes says she wonders what I see in her.

Warning Sign



Lesson Plan 7

Fertility & Infertility

Prerequisite Knowledge:

to be able to ...

1. Locate at least 5 key parts of each reproductive system (male and female), given unlabeled drawings.
2. Distinguish among those parts which are present in the male, the female, and both.

Student Learning Objectives:

to be able to ...

1. Recognize that most men are fertile every day, while women are fertile only a few days a month and explain **when**, in a woman's cycle, she is fertile (the timing and the symptoms).
2. Describe at least four causes of infertility, including the most frequent cause of **preventable** infertility, STDs.
3. Describe at least four behaviors one can do to try to protect one's future fertility.
4. Recognize that he/she is not immune to infertility and that it can be a major life crisis.

Materials Needed:

- PHOTOCOPIES

  One per student of ...
    Fertility Pretest
    Infertility Worksheet

  One set of ...
    Fertility Transparencies 1-6 *

  Six per class of ...Sample Fertility Chart

  One class set of ... Infertility Reference Sheet
- TRANSPARENCY MARKING PENS, 3 colors
- LIBRARY PASTE, HAND LOTION, and a RAW EGG or a LUBRICANT such as "Replens" or "Slippery Stuff" *

** Use of Transparency 6 and of these props (to illustrate fertile cervical fluids) are optional.*

Time Needed:

Two or three class periods ... one or two for Activities 1 through 4; another, for Activities 5 and 6 (see below)

Agenda:

1. Administer the Fertility Pretest, correct (using Transparencies 1-2) and discuss it and explain the lesson's purpose.
2. Use Fertility Transparencies 3 through 5, lecture and discussion to introduce fertility.
3. Use the Infertility Reference Sheet to address the prevalence and causes of infertility.
4. Use the Worksheet, with brainstorm and discussion, to address ways of trying to protect one's future fertility.
5. Personalize the issue of infertility and communicate its psycho-social impact via either:
   a. a panel of persons who have faced fertility problems, or
   b. Transparency 6, Individual Field Trip Reports and discussion.
6. Summarize the lesson and provide closure.

RATIONALE:

Why a lesson on infertility? Because infertility is a growing problem, even for couples in their twenties, and one that is sometimes preventable.

Achieving pregnancy is an intricate physiological process. In younger grades, the **F.L.A.S.H.** curriculum covered the basics of the reproductive system, without much emphasis on the endocrine system, and in a way that made achieving pregnancy seem easy. There were three reasons for this approach:

(1) It is important to cultivate an attitude that the human body is "knowable", that it is not mysterious.

(2) For most couples, especially young ones, it is easy to start a pregnancy, often easier than they would have wished.

(3) Enhancing young people's sense of personal vulnerability to pregnancy may motivate them to prevent it (ideally by abstaining from intercourse or, at least, using contraceptives correctly and consistently). Infertility is only mentioned briefly at these younger grades.

Juniors and seniors in high school, however, can grasp more complexity regarding fertility. Why must we help them to do so?

1. Because the rate of infertility has grown dramatically in the last decade. Pregnancy is not easy for every couple to achieve. Students need to understand why. Only through understanding fertility can they understand infertility.
2. Because there are behaviors that can be initiated at this time in students' lives, to protect their future fertility, should they ever desire children. In order to adopt or maintain those behaviors, students must be helped to:
   a) empathize with those who experience infertility
   b) believe themselves to be personally vulnerable to fertility problems
   c) recognize that, in many cases infertility is preventable
   d) know which health behaviors might indeed be protective of fertility (abstinence, condoms, avoiding drug abuse, avoiding excessive x-rays, etc.)
   e) know how to adopt and/or maintain those behaviors and believe that they are capable of doing so.

Fertility can be an emotionally and financially devastating experience. It is a life crisis, which stresses not only the individuals involved, but their relationship, as well. If even one student is helped to protect his or her own fertility, this lesson will have been worth your time.

ACTIVITIES:

1. We recommend preceding this lesson with lessons 2 and 3 from **9/10 FLASH** (or equivalent lessons on the reproductive system). If you have done this, you can skip the Fertility Pretest. If not, administer the Pretest now. It will take about five minutes.

   Discuss the answers, using the test as a teaching tool. Have people put a "C" next to each question they answered correctly ... but also have them **change** any they answered incorrectly, so that the final version is 100% accurate. (Tell them you can only give participation points to those who **turn in** 100% correct papers ... so they should change their answers, regardless of how well they did, in the first place. The idea is to give them an accurate test to refer back to in the future.)

   The correct answers to the pretest are on Transparencies 1 and 2. We have used Transparencies so that students can check not only their recollection of the names of the parts, but also their spelling.

   Next, explain the purpose of these fertility and infertility lessons:

   > *Today we are going to focus first on fertility. We will look at exactly what has to happen in both people's bodies for a successful pregnancy to result.*
   >
   > *Then, we will examine infertility.* ***Experts define infertility as EITHER the inability to conceive a pregnancy after a year of trying OR the inability to carry a pregnancy to a live birth.*** *Infertility is a growing problem; it affects 15 or 20% of all couples. It is a life crisis both for the individuals involved and for their relationship.*
   >
   > *We will look at the most common causes of infertility and we will look at ways you can* ***reduce your own risk*** *of future infertility, in case you ever want to have children ... or* ***more*** *children, if any of you are already parents.*

   If you plan to have a panel tomorrow or the next day, tell the class about it today, as anticipating it will make today's lesson more meaningful:

   > *The day after tomorrow, we'll speak with two couples who have confronted infertility problems. One resolved the problem medically; the other couple tried treatment for a while, but eventually decided to make a child-free life for themselves.*

2. Use lecture, and the following notes, to introduce some key concepts regarding fertility:

   a. **Ask** the class, **"When are men fertile (able to start a pregnancy)?"**

      Answer: Most men are fertile every day, from puberty until death, although their fertility declines somewhat with age.

   b. **Ask, "What about women? When are women fertile?"**

      Answer: Most women are technically fertile only about one day per month, from puberty until menopause (usually between about 45 and 55).

      Ask, "Which day of the month is a woman fertile?"

      Answer: the day she ovulates

      Ask, "When does she ovulate?"

      Answer: between menstrual periods ... actually about fourteen days before the start of her next menstrual period

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Show Transparency 3.

c. With the class' assistance, demonstrate what you have just said, by explaining the cycle of an imaginary woman: Ms. X. Ask some one to choose a date in the first two weeks of Grovember. Any date will do. This is the date of the first day of Ms. X's menstrual period. Mark the date with a red "M" for menstruation.

Ask some one to choose a number between 3 and 11. This is the length of her period. Mark each day of the period with a red "M".

Ask some one to choose a number between 21 and 36. This is the length of this particular cycle. Count from day one of this period, whatever number the student chooses, to day one (probably in Planuary) of the next menstrual period and mark **it** with a red "M".

Now, ask **"So, what date do you think we should mark as the day Ms. X's ovulates?"**

> **Answer**: She will have ovulated (released a mature egg cell) fourteen days before the first day of her next period ... give or take a day.

Count backwards fourteen days and mark the day of ovulation with a blue "O". Point out that the second half of the cycle, from ovulation to the next menstruation, is always about the same length of time. It is the first half of the cycle, prior to ovulation, that varies from woman to woman, and for many women, from month to month.

Now ask, **"So, when is Ms. X REALLY fertile? When could she have intercourse that might result in a pregnancy?"**

> **Answer**: Possibly as soon as five days before ovulation, and/or as late as one day after ovulation.

Mark all those days with a green "F" for fertile.

Ask, "Why? Why can she become pregnant any time from here to here, even though she only releases one egg, on this day? "

> **Answer**: Because sperm may live in her body, awaiting an egg, for perhaps as long as five days. She has little caves called crypts in her cervix. These crypts are filled, during her fertile days, with nourishing fluids, to support sperm. Some sperm travel right past these caves, and up into the uterus and tubes within minutes of intercourse. But others wait for hours or days in the cervical crypts, leaving a few at a time, in search of an egg.

Show Transparency 4.

d. Now explain the concept that **predicting** ovulation is not as easy as calculating in **retrospect** when it must have happened. You can count backwards, reasonably accurately. But you cannot count forward, since a woman might ovulate a week after the beginning of her period, or two weeks, or three, or even longer.

Ask the class, **"How can she figure out when she ovulates?"**

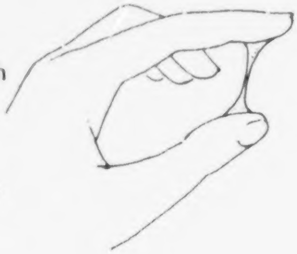
> **Answer**: Only by learning how to chart changes in her body temperature, her cervical fluid and the openness, softness and height of her cervix.

Show Transparency 5.

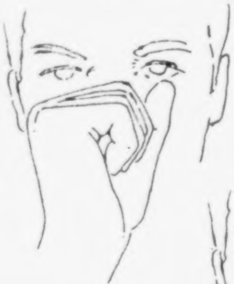
e. Elaborate: A woman may study her fertility cycle, as you know, to avoid pregnancy. As a contraceptive method, she determines when she is fertile and she and her partner either avoid penile-vaginal intercourse at that time of the month or they use some other method of birth control during that time, such as foam and condoms. Some couples, however, use fertility awareness, not to avoid pregnancy, but instead, to achieve it. They want to determine the optimal time for starting a pregnancy. These couples (like those who are using the method for contraception) learn how to chart changes in the woman's body.

- She takes her temperature using a very accurate oral thermometer (usually a digital one) each morning, the moment she wakes up. They will notice that her temperature rises about a half of a degree Fahrenheit, the day of or the day after ovulation.
- She also checks her cervical fluids every day. In the beginning of a cycle, of course, there will be menstrual blood. Then, she will probably be fairly dry for a few days or a week or more. Then her cervix will begin producing fluid. At first there won't be much, and it will probably be white and sticky like children's paste. After a few days, it becomes creamier, more the consistency of hand lotion. Then, a few days before ovulation, it becomes copious (there's lots of it), clear, and stretchy, much like egg white or the vaginal lubricants they sell in pharmacies. This is fertile, sperm-friendly cervical fluid, designed to form nourishing highways for sperm ... to increase the odds of fertilization occurring. After ovulation, her vagina will be drier again, until the beginning of her next menstrual period.

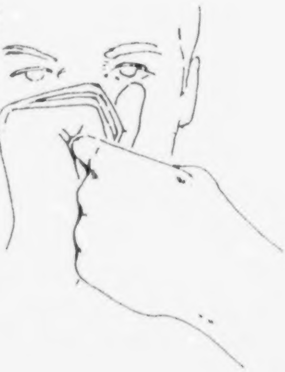
NOTE: If you have library paste, lotion, and either egg white or a vaginal lubricant, put a dab of each on your forefinger to illustrate as you walk through the sequence, above. The point is to demystify normal, healthy body fluids. With the egg white or lubricant, show how stretchy it is by stretching it between your thumb and finger.



- She may also learn to feel her cervix daily. It feels sort of like the tip of your nose. Curl your hand around your nose, like so:



Imagine that your hand is the vaginal canal. You can feel your "cervix" (nose), at the end of the canal, like so:



Her cervix will be softer, a little higher in her body, and more open, around the day of ovulation. Again, her body is doing everything to maximize the chance of pregnancy occurring.

f. Pass around the Sample Fertility Chart. It isn't necessary to provide each student with a copy, but there may be a few who would like one to keep.

3. Hand out the Infertility Reference Sheet and explain that starting a pregnancy is not always as easy as it sounds. Allow people fifteen minutes or so to read it. Alternately, you may want to suggest a cooperative read-aloud process, if you have reluctant or less-skilled readers in the class.

4. Hand out the Infertility Worksheet. Fill it in cooperatively, as a whole class, by having the class brainstorm ways of protecting one's future fertility. Make sure all of the following behaviors are included in the list:

- **Avoid catching any STDs.** (both men and women)

  To eliminate risk, abstain from sexual intercourse.

  To reduce risk considerably, use latex condoms and only have sex in a mutually monogamous, long-term relationship (as in many marriages).

  To reduce risk somewhat, wait for intercourse until at least age 18 (ideally 25), if you are female, and regardless of your genders, both get tested first.

- **Get treated for gonorrhea and chlamydia early, before they can damage your tubes**. (both men and women) This isn't always possible, because there may not be symptoms, but ...

  if there are symptoms (unusual discharge; burning with urination; abdominal pain or bleeding between periods in women; or scrotal pain in men), the diseases can be cured ... often before they do permanent damage to the fallopian tubes or vasa deferentia;

  and even in the absence of symptoms, it is important to get regular, thorough STD check-ups if you are at risk. (The appropriate frequency would depend on the degree of risk. Prostitutes, male and female, often get weekly or monthly exams. A person with one sexual partner whom they believe to be monogamous might only need to be checked annually.) A routine physical doesn't suffice; you have to specifically ask to be tested for STDs.

  And get early prenatal care ...

  because a doctor or midwife can often identify a threat to the pregnancy (an infection, for instance) and resolve it ... helping to prevent spontaneous abortion (miscarriage).

- **Avoid catching mumps**, if you are male.

  If you have never had them, get an immunization.

* The Sample Fertility Chart was adapted, with permission, from Fertility Awareness Manual, Hammond, Annese, Blackburn and Cruz; Copyright 1980, James Bowman Associates, San Francisco, CA, (414) 929–9100; revised 1982.

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- **Avoid unnecessary exposure to x-rays**. (both men and women)

  Always ask the doctor or dentist if an x-ray is really needed.

  Always make sure that, unless there is reason to x-ray your abdomen, it is covered with a lead shield.

- If you are male, and plan to start a pregnancy within the next few months, **avoid overheating your testes**.

  That means not using hot tubs or saunas. You may want to wear boxer shorts and loose fitting pants. The effect of temperature on sperm production is only temporary, however, so a teen does not need to worry about it if he doesn't plan to have a baby until he is older.

- **Avoid damage from alcohol and other drugs**. (both men and women)

  To reduce risk considerably, abstain altogether from alcohol and illegal drugs.

  To reduce risk somewhat, use alcohol in moderation and stop using it a few months before starting a pregnancy (regardless of your gender). Reduce reliance on over-the-counter drugs to solve minor health problems.

  And always ask your health care provider (doctor or nurse practitioner) the potential risks of drugs they prescribe ... and if you are male, and you *must* take a fertility-threatening drug (for cancer treatment, for example), consider storing your sperm in a sperm bank before beginning treatment.

- **If you are female and have a weight problem** (are very overweight or dangerously underweight), **consider getting help with it**. Talk it over with your health care provider.

5. Personalize the infertility issue and help students understand and empathize with the experience of infertile people/couples, in one of two ways:

   a. **Have as guest speaker(s) a person, couple or panel who have experienced infertility.** We suggest calling your local chapter of Resolve. It is a nationwide support organization of people who've been affected by infertility. In Seattle, the phone number is (206) 524-7257.

   We suggest that you invite people who have resolved the issue in at least two different ways so the class will see the diversity of experience. Some persons will have had a successful medical intervention (varying from fertility awareness classes to in vitro fertilization with many degrees of intervention in between). Some may have made surrogacy arrangements or adopted or fostered a child. Some will have decided, eventually, to remain child-free. It is ideal to find speakers with at least two or three years' perspective on whatever resolution they reached, rather than individuals in the throes of a life crisis.

   The day before this panel (or any panel), you might ask students to write questions they would like to ask of panelists. Then, you can ask panelists to arrive fifteen minutes early, so they can glance at the questions in advance.

Review groundrules by explaining them to the speaker(s) at the beginning of class. Then, ask speakers to tell the class a little about themselves, their experiences with infertility, and what is currently going on in their lives in terms of fertility. Leave much of the class period for students' questions.

b. **Show Transparency 6 and use Individual Field Trip Reports and discussion.**

6. Summarize the key concepts of the fertility and infertility lesson(s):

There are four major things I hope you'll all remember from (yesterday's and) today's lesson(s).

NOTE: Tick these four off on your fingers as you list them ...

- *First, that the process of fertility is complex and rather incredible.*
- *Second, that not everyone is fertile, that a person's ability to some day have a baby is not something he or she can just take for granted. (Not that every one will* ***want*** *a baby, but many people will.)*
- *Third, that there are some specific things you can do, starting today, whether you are male or female, to try to protect your future chance to decide for yourself.*
- *Fourth, that as tough (and even painful) as infertility can be, people can and do survive and go on to live full, happy lives, even if they can't have biological children.*

Some find other ways to have children in their lives (as adoptive or foster parents, aunts and uncles, volunteer Big Brothers or Big Sisters, day care workers, and so forth). Others make fulfilling lives that don't involve children.

Someday you or someone you love may be very grateful for the knowledge each of you carries away today.

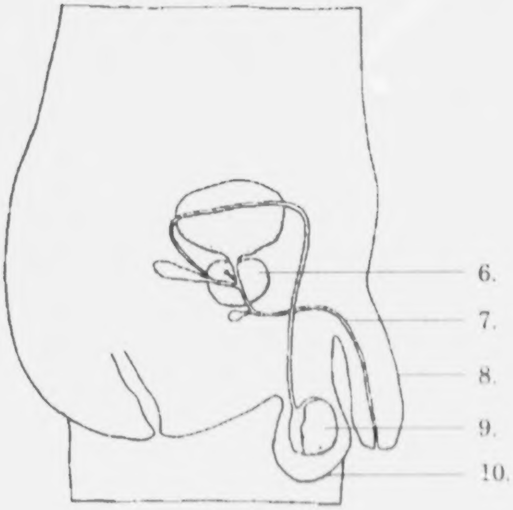
Fertility Pretest

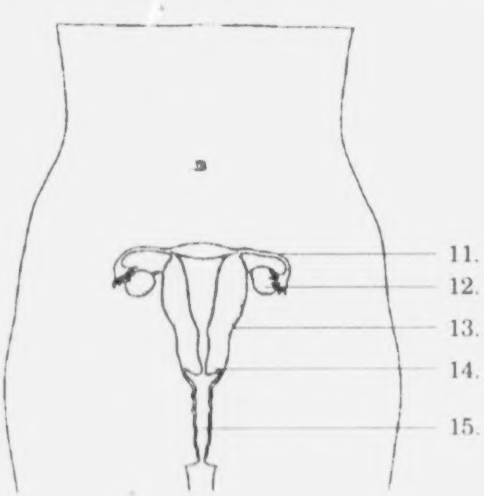
NAME DATE PERIOD

Circle the best answer:

1. The seminal vesicles are part of whose body? a. male b. female c. both
2. Sperm is made in whose body? a. male b. female c. both
3. Who has a bladder? a. male b. female c. both
4. The labia are found in whose body? a. male b. female c. both
5. Who has an abdomen? a. male b. female c. both

Use the drawings below to fill in blanks 6-15 at the bottom of the page: (spelling counts)





6. ____________________
7. ____________________
8. ____________________
9. ____________________
10. ____________________
11. ____________________
12. ____________________
13. ____________________
14. ____________________
15. ____________________

NUMBER OF ANSWERS THAT WERE CORRECT TO BEGIN WITH (before you changed them):

________ (Please be honest. This won't affect your grade. I just need to know in order to plan lessons.)

Infertility Worksheet

NAME DATE PERIOD

DIRECTIONS: Describe here "things a person can do to try to protect his or her future fertility". Be specific.

1.

2.

3.

4.

5.

6.

7.

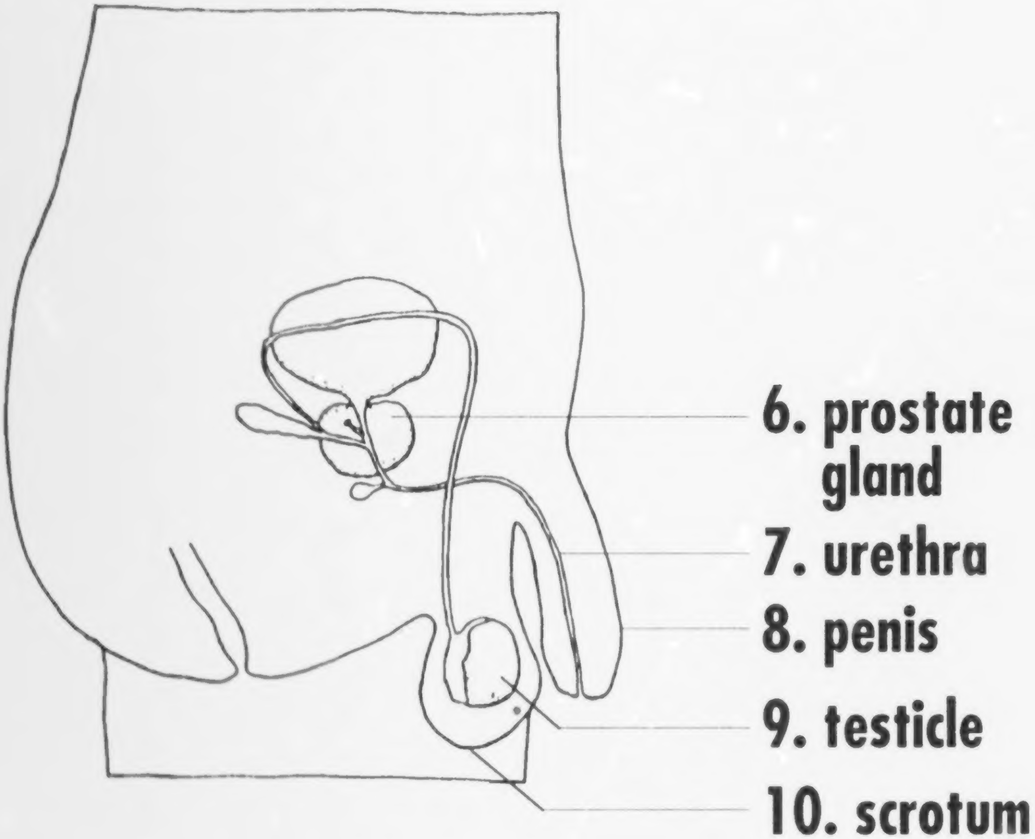
We have focused on how to reduce your risk of infertility. But, it is important to remember that, in many cases, infertility is **not** preventable. If a person (or couple) has a fertility problem, the chances are that they did nothing to "cause" it. Guilt and blame are usually uncalled for and are never helpful. Infertility is hard enough, without that added burden.

Remember, too, that fifty percent of these couples can eventually have a baby, with treatment, or with donated eggs or sperm, or a surrogate mother. Others will decide to adopt or foster a child, or to remain child-free.

Fertility Transparency 1

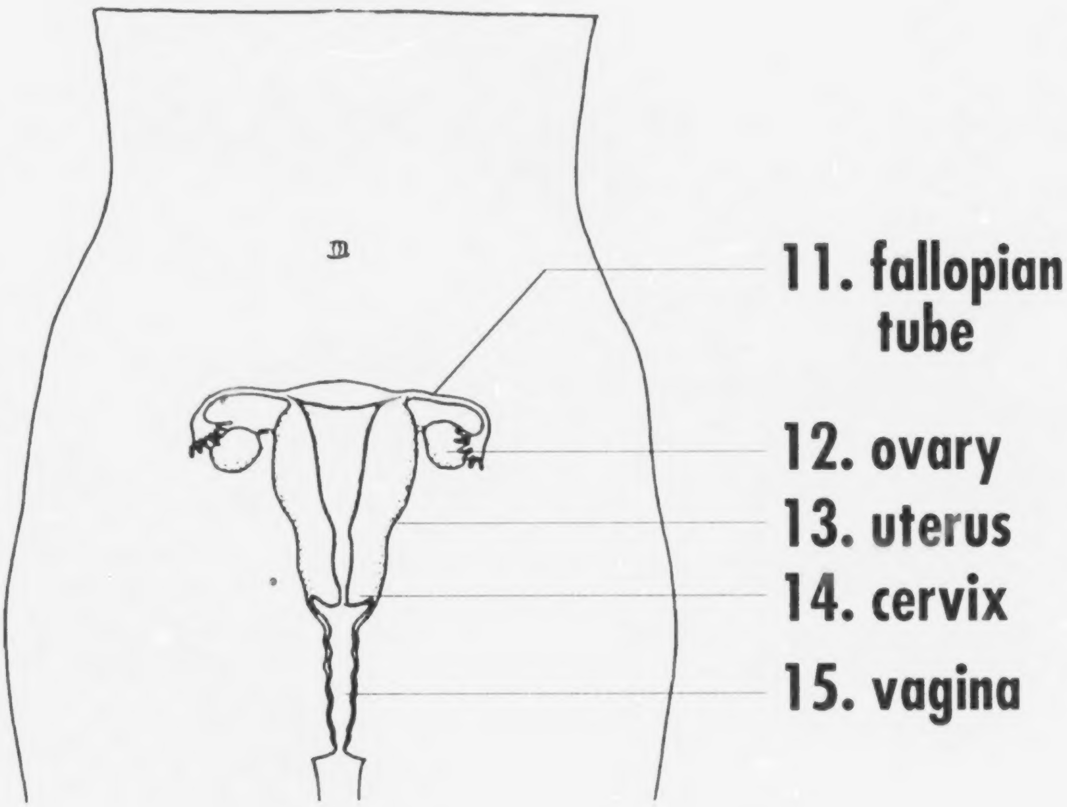
Pretest Answers

1. a 2. a 3. c 4. b 5. c

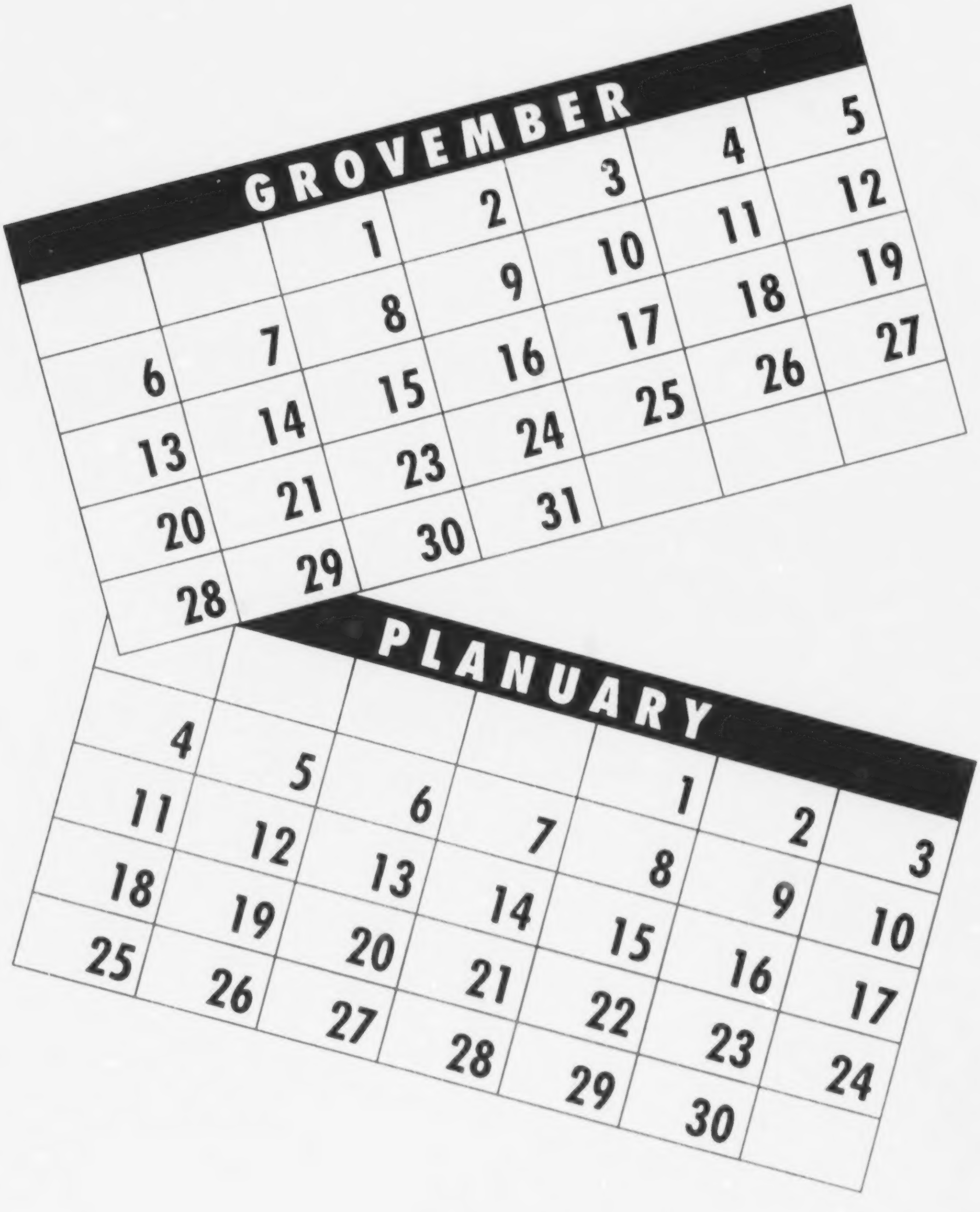

6. prostate gland
7. urethra
8. penis
9. testicle
10. scrotum

Fertility Transparency 2

Pretest Answers
Continued


11. fallopian tube
12. ovary
13. uterus
14. cervix
15. vagina

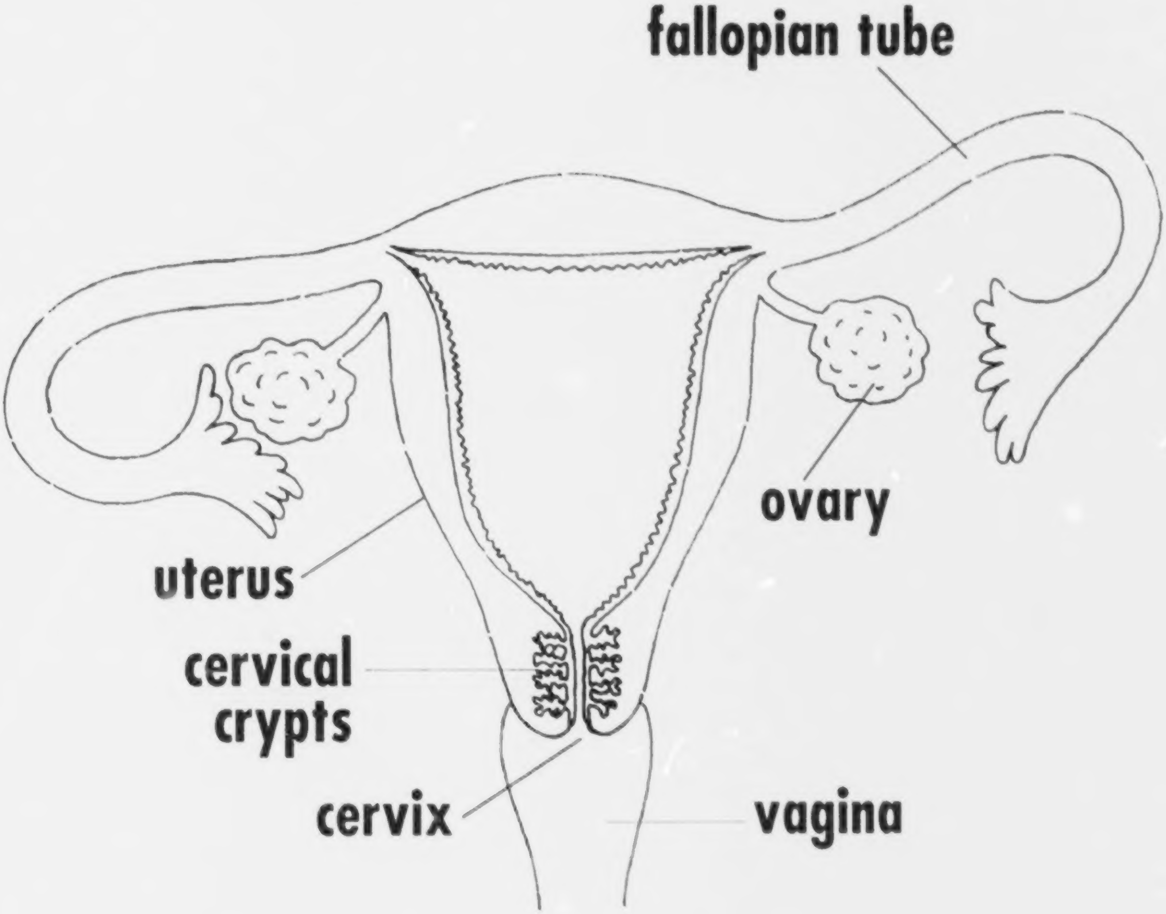
Fertility Transparency 3



GROVEMBER						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	23	24	25	26	27
28	29	30	31			

PLANUARY						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Fertility Transparency 4


fallopian tube
ovary
uterus
cervical crypts
cervix
vagina

Fertility Transparency 5

So, how can a couple figure out when the woman is fertile?

1. **NOT** by guessing, even with a calendar
2. **ONLY** by learning to chart changes in:
   a. body temperature,
   b. cervical fluid, and
   c. the cervix' softness, openness, and height

Fertility Transparency 6

"A friend of mine, she cries at night,
And she calls me on the phone
Sees babies everywhere she goes,
And she wants one of her own"

Bonnie Raitt
"Nick of Time"

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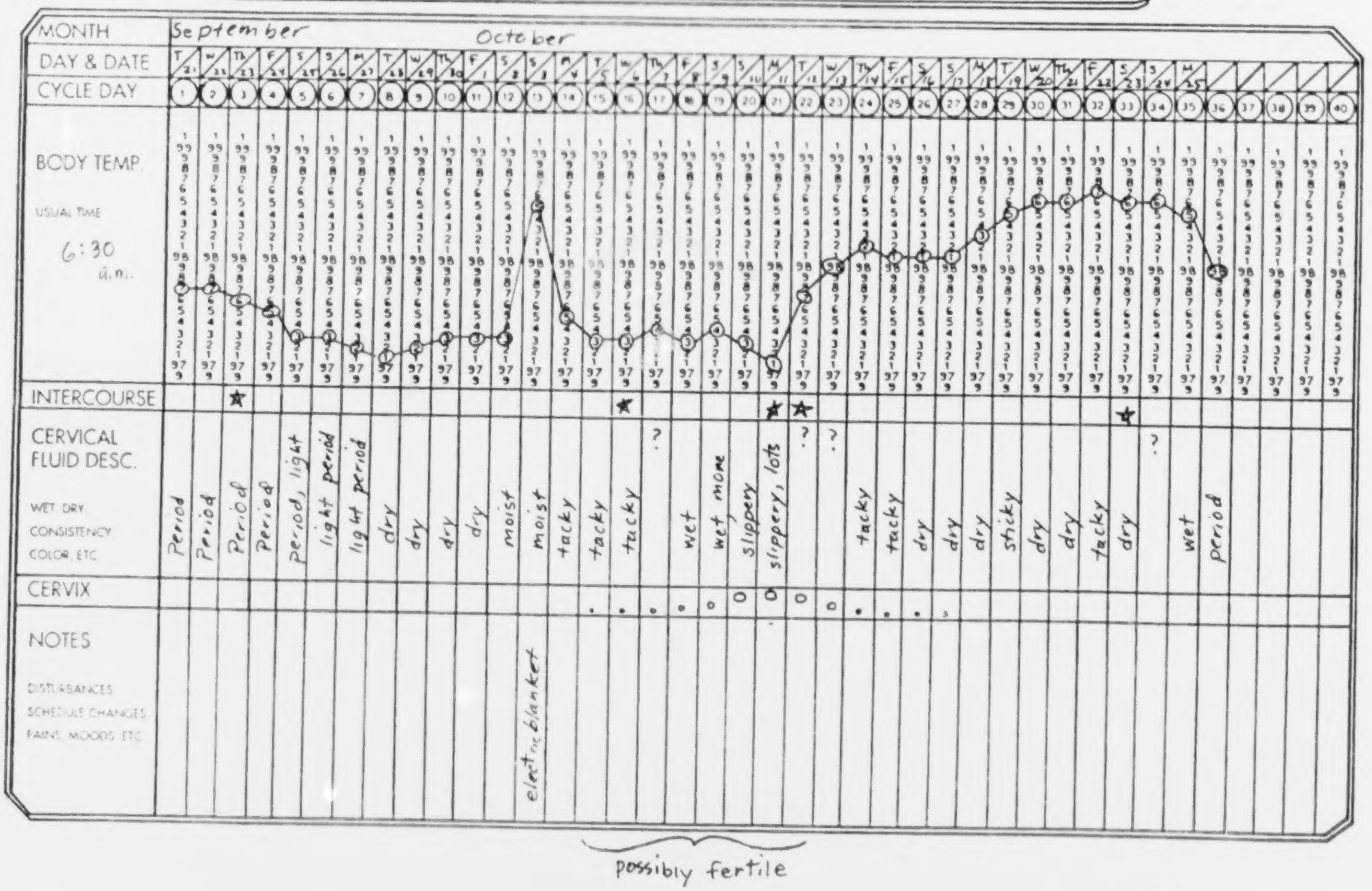
Sample Fertility Chart

NAME Maya
FERTILITY CHART NO. 4 MONTH(S) 9-10 YEAR '93
THIS CYCLE 35 DAYS



MONTH	September										October																													
DAY & DATE	T/21	W/22	Th/23	F/24	S/25	S/26	M/27	T/28	W/29	Th/30	F/1	S/2	S/3	M/4	T/5	W/6	Th/7	F/8	S/9	S/10	M/11	T/12	W/13	Th/14	F/15	S/16	S/17	M/18	T/19	W/20	Th/21	F/22	S/23	S/24	M/25					
CYCLE DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
INTERCOURSE			★													★					★	★											★							
CERVICAL FLUID DESC. WET, DRY, CONSISTENCY, COLOR, ETC.	Period	Period	Period	Period	period, light	light period	light period	dry	dry	dry	dry	moist	moist	tacky	tacky	tacky	?	wet	wet more	slippery	slippery, lots	?	?	tacky	tacky	dry	dry	dry	sticky	dry	dry	tacky	dry	?	wet	period				
CERVIX															•	•	•	•	○	○	○	○	○	•	•	•	•													
NOTES DISTURBANCES, SCHEDULE CHANGES, PAINS, MOODS, ETC.													electric blanket																											

BEST COPY AVAILABLE

Infertility Reference Sheet

> ***"[The human being] is the only animal that laughs
> and weeps, for [we are] the only animal that is struck with
> the difference between what things are and
> what they ought to be."***
>
> ***(Hazlitt)***

We have grown up in a time when birth control is legal and most people in the United States live in places where it is available. That makes it easy to think we have total control over our fertility: that we can have babies when we want. And some people can.

Others, can't. As you know, some couples who **don't** want a baby start a pregnancy by mistake. And others, about 15 percent of the couples who **do** want one, experience some degree of infertility. That means that one out of six do not start a pregnancy after trying for a year or two, or they find that their pregnancies end in miscarriage.(1)

In other words, if 100 couples wanted a pregnancy, by the end of a couple of years 85 would have gotten pregnant and carried the babies to term (about nine months). The other fifteen would still be trying to get pregnant or would have had miscarriages.

TEN COMMON QUESTIONS ABOUT INFERTILITY:

1. What causes infertility?

Picture the fifteen couples above (with fertility concerns).

In five (35%), a problem is found in the woman's body.

In five (35%), a problem is found in the man's body.

In four (25%), both partners have medical problems.

In one couple (3.5%), the doctor can't find a medical cause for the problem.(2)

2. Is infertility caused by psychological factors? NO, not usually.

In 14 of the couples on the previous page (over 95%), doctors found a physical reason for infertility. In the other couple, it may be that medical science is not yet able to find what's wrong.

3. Is infertility curable? YES, often.

Of the couples where a physical problem is found, about half can have a baby with treatment. Some of the others may decide to try donated eggs or sperm, or a surrogate mother.(3)

4. Is it a sexual dysfunction? NO.

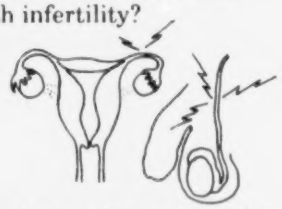
Most infertile couples have healthy sexual response systems and have no problem with sex itself. On the other hand, their enjoyment of sex may lessen with the frustration of not getting pregnant.(4)

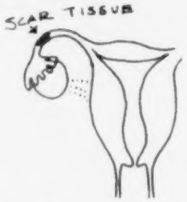
5. Is the rate of infertility growing? YES

It has almost tripled in the last twenty years. Why? The main reason is the **rising rates of sexually transmissible diseases (STDs)**. STDs are the leading cause of preventable infertility.(5)

Rates of sexually transmitted diseases are growing. But what difference does that make? What do sexually transmitted diseases have to do with infertility?

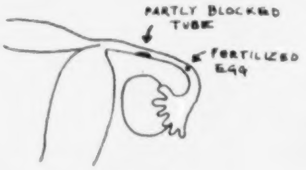
Some STDs, especially gonorrhea and chlamydia, can travel to the tubes ... the vasa deferentia or fallopian tubes. In a woman this is called pelvic inflammatory disease or "PID" and is fairly common. In either a man or a woman, the infection can cause scars to form in the tubes.





Sometimes scars block the tube completely. Other times they cause the cilia to form clumps, so they can no longer sweep the sperm or ovum along very well. It's like using a broom with just a couple of big, thick bristles, instead of hundreds of thin ones. It simply doesn't work as well ... the sperm and ovum are much less likely to meet.

In some cases, the sperm can find their way up a scarred fallopian tube. The ovum gets fertilized, but then that ovum (which is much bigger than a sperm) can't travel the rest of the way down the tube to the uterus, because scar tissue is partly blocking the way. The embryo starts to grow in the tube. This is an ectopic pregnancy. It must be removed to prevent the tube from bursting ... which could be life-threatening.



Some STDs contribute to infertility not by blocking the pathways, but by increasing the risk of miscarriage. Some can damage a developing embryo, causing the end of the pregnancy. Others cause premature labor, sometimes before the baby can survive.

Why are STD rates growing? **On average, people are having sex with a greater number of people in their lives**. Among heterosexual people, the average age of marriage is rising. Fewer people are waiting until they marry to have sex. Some live together and don't ever marry. The average number of relationships (married or not) in people's lifetimes has increased in the last generation. The bottom line is this: The more people someone has sex with, the greater their chances of catching an infection.

STDs are not only becoming more common; they are also doing more damage. Why? For one thing, **people are having sexual intercourse at younger ages, on average**. Fewer people are waiting until their twenties to have intercourse. In women, that makes a difference: their bodies are more vulnerable to STDs as teens. By age 18, a woman's cervix begins to mature. By 25, it's fully mature and the most vulnerable cells have moved up inside the uterus, where they are less likely to come in contact with germs.

6. What else can cause infertility besides STDs? A number of things:

ENDOMETRIOSIS:

Some women have a problem called endometriosis. With endometriosis, the tissue that lines the uterus (the endometrium) begins to form outside the uterus. It attaches itself to other pelvic organs, such as the tubes or ovaries. We don't know why this happens, but it can leave scarring that causes infertility.(6)

MUMPS:

In an adolescent or adult man, mumps can infect the testes, damaging the cells that produce sperm.(7)

BIRTH DEFECTS:

Some people were born with birth defects that make them infertile. Often, when they have genetic problems, we don't know why. Sometimes, their reproductive systems may have been damaged by their mothers' use of certain drugs during pregnancy. You may have heard, for instance, of a medicine called "DES" that was used by many pregnant women in the 1940's and 50's to prevent miscarriage. It caused many birth defects, including infertility ... in these women's sons as well as their daughters.(8)

X-RAYS and other RADIATION:

Radiation (from a nuclear accident, cancer therapy, etc.) can damage the ovaries or testes. In men, the damage may be temporary (lasting some months) or permanent. It is more likely to be permanent in women.(9)

TEMPERATURE:

The testes have to be cool enough to make sperm. A man with a very high fever may have a low sperm count lasting several months. Some health experts believe that perhaps even hot tubs and tight clothing can raise a man's temperature enough to lower an already-low sperm count. In any case, this effect is only temporary.(10)

UNDESCENDED TESTICLES and SWOLLEN VEINS:

In male fetuses, the testes start out in the abdomen. Usually they drop down into the scrotum before birth. In about three percent of male infants they don't descend by birth. If they don't drop into the scrotum by age five or six, a doctor will operate to lower them. Otherwise, these boys will never be fertile; the high temperature in their abdomens will have permanently damaged their testes.

Swollen ("varicose") veins in the scrotum can also raise the temperature enough to prevent sperm from being made. Surgery sometimes helps.(11)

SICKLE CELL DISEASE:

Sometimes (not always) Sickle Cell Anemia causes nerve damage in men's sexual response systems and miscarriage in women.(12)

TOBACCO, ALCOHOL and other DRUGS:

Some men who are chronic smokers have higher levels of damaged sperm than nonsmokers. In women, heavy smoking can increase the risk of miscarriage. Heavy use of alcohol can also effect sperm quality. Heavy alcohol use in women can lower the chance of conceiving or lead to miscarriage.

Long-term narcotic use can also lower fertility. So can long-term use of marijuana, especially in males. Some other drugs block conception, while some increase the risk of miscarriage. The most common of these today is cocaine (in all its forms).

Sadly, many of these drugs, from alcohol to cocaine, are more likely to harm a fetus than to lead to infertility ... even in relatively small amounts.(13)

DOUCHING:

Douching can lead to infertility by spreading an STD into the upper reproductive organs, causing PID. As you know, PID can leave scars in the tubes.(14)

PREVIOUS PREGNANCY:

Having a pregnancy slightly increases the risk of future fertility problems, because there is sometimes infection or injury to the reproductive system during pregnancy or birth.(15)

NUTRITION:

Sometimes, a woman doesn't ovulate because she has too little body fat. Women who have survived famines or prison camps, as well as athletes and women with "anorexia nervosa" may, at least temporarily, stop releasing eggs. Just as too little body fat can prevent ovulation, so can being obese.(16)

OTHER COMMON REASONS FOR INFERTILITY:

Sometimes — for no reason we can pinpoint — there is a problem with the sperms' shape (a high percentage may have oddly-shaped or double heads, their tails may be too long, etc.) Other times the sperm can't swim well. There may be too little prostate fluid, for example. Or a man may have too few sperm ... what's called a "low sperm count". It takes thousands of sperm to wear away the protein coat around the egg, so that one can fertilize it.

In some cases, a man does make healthy sperm and plenty of semen ... but when he ejaculates, instead of coming out through the urethra, the semen goes up into his bladder. That's called "retrograde" ejaculation.

In other cases, a woman doesn't ovulate (or ovulates and menstruates only occasionally). Perhaps she's had many cysts on her ovaries. Cysts are swollen, fluid-filled follicles (egg sacs) that don't release their eggs. They are common. We don't know what causes them, and they often do no harm. But if she has had many cysts, the walls of the ovaries may have become rather tough ... too tough to allow any follicles to burst.

Sometimes a woman does ovulate, but her cervix doesn't make enough fluid ... or the fluid is too acidic. Sperm can't travel into her uterus. In some cases, a woman is allergic to the man's sperm ... she has antibodies that identify his sperm as foreign and attack them.

Sometimes, a sperm **is** able to fertilize the ovum, but then it can't implant in the uterus. Maybe there isn't enough lining, for instance. Or it may implant, but then she doesn't make enough progesterone to maintain the lining ... and she menstruates.

7. Does age effect fertility? YES and NO.

Older people (male and female) do take longer, on average, to conceive. But taking longer is not the same as being infertile. Experts disagree, but some think that age itself may not have much to do with infertility (except, of course, if the woman has passed menopuase -- the age at which she stops ovulating or menstruating).(17)

8. Does having an abortion increase the risk of infertility? NO.

Having **three** or more abortions may slightly increase the risk of infertility ... but there's no evidence that a **single**, ***legal*** abortion in the first three months of pregnancy (when most abortions are done) makes any difference.(18,19)

An ***illegal*** abortion, attempted by the woman herself or by someone who isn't a doctor, can clearly damage her future fertility. It can damage the cervix or uterus, or introduce germs. (Giving birth or having a late abortion can do these things, too ... but both are much safer than an illegal abortion.)

9. Do birth control pills increase the risk of infertility? NOT exactly.

In some ways, birth control pills protect a woman's fertility. They decrease her risk of PID in two ways. They cause the cervical fluid to thicken. This may block some STD germs from traveling to the tubes. (Of course, condoms are much more likely to block germs.) Pills also shorten the menstrual period, a time when germs can travel through the cervix more easily.

Pills **may**, however, mask a fertility problem. A woman who ovulates and menstruates irregularly may take the Pill "to regulate her cycle". While she is taking the Pill, her periods may arrive like clockwork, but that doesn't "fix" her ovaries. When she stops taking the Pill, her ovaries will go back to working irregularly. So she may not discover that she has a fertility problem until after she stops taking pills.(20,21)

10. Can a person do anything to protect his or her future fertility? YES!

Glance back at all the causes of infertility listed above. Which ones are preventable?

FOOTNOTES

(1) The American Fertility Society, "Infertility: An Overview" (2140-11th Avenue South, Suite 200, Birmingham, Alabama 35205-2800, 1988) Their phone number is **(205) 933-8494**.

(2) Menning, Barbara Eck et al, "Insights Into Infertility" (Birmingham, Alabama: The American Fertility Society, 1988)

(3) Guttmacher, Alan and Irwin Kaiser, **Pregnancy, Birth and Family Planning** (New York, NY: New American Library, 1986)

(4) Cooper, Susan, "Sex and Infertility" (Summerville, MA: RESOLVE, 1990) The national hotline for RESOLVE is **(617) 623-0744**. Their local number in Seattle is **(206) 524-7257**.

(5) Hatcher, Robert A. et al, **Contraceptive Technology 1990-1992** (New York, NY: Irvington Publishers, 1990)

(6) Council on Scientific Affairs, "Effects of Physical Forces on the Reproductive Cycle" (Journal of the American Medical Association, 2:247-250, 1984)

(7) Franklin, Robert R. and Dorothy Kay Brockman, **In Pursuit of Fertility: A Consultation with a Specialist** (New York, NY: Henry Holt and Company, 1990)

(8-10) Hatcher, 1990

(11) Franklin, 1990

(12-18) Hatcher, 1990

(19) Medical World News, "Abortion Doesn't Lower Fertility" (December 20, 1982)

(20) Hatcher, 1990

(21) Hanson, Vivien (Medical Director, Family Planning/STD Program, Seattle-King County Department of Public Health) presentation, April, 1990

Lesson Plan 8

Unplanned Pregnancy: Abortion

Student Learning Objectives:

to be able to ...

1. Define abortion, recognizing spontaneous and induced, legal and illegal ones.
2. Name and describe the two most commonly used procedures, identifying the trimester when each is performed.
3. Distinguish among a few key facts (especially medical and legal facts), common fallacies, feelings and values regarding abortion.

Materials Needed:

- PHOTOCOPIES

  One set of ...
    Abortion Transparencies 1-9

  One class set of ...
    Abortion Reference Sheet *

  One per student of ...
    Family/Friend Homework Exercise: "On Abortion"
    Homework Confirmation Slip (halfsheet)

  * *One class set of the Reference Sheet may suffice, even if you teach six sections of Health: not every student will want his or her own to keep.*

Time Needed:

One class period

Agenda:

1. Explain the purpose of the next four lessons. Prepare people for their explicitness and for possible personal reactions.
2. Define four basic terms.
3. Use Transparencies 1 and 2 and the Reference Sheet to explain the procedures, when each is done, which are most common (and how the common ones are done), and the risks involved.
4. Use Transparencies 3-9 to clarify distinctions among key facts, fallacies, feelings and values.
5. Lecture, briefly, on abortion-related law.
6. Assign homework.

RATIONALE:

At the seventh and eighth grade level, the **F.L.A.S.H.** curriculum simply mentions the legal alternatives to an unplanned pregnancy by name: abortion, adoption and raising the baby. There is no further discussion, unless students raise questions.

In the ninth and tenth grades, **F.L.A.S.H.** contains a lesson on unplanned pregnancy, in which students brainstorm and learn to distinguish among the legal and illegal choices people make. They consider reasons people sometimes do choose each alternative, and reasons people sometimes decide against each alternative. And they explore ways of providing support to a friend facing an unplanned pregnancy. The lesson does not focus on facts or values, but rather on feelings. It attempts to be very sobering ... to de-romanticize and de-simplify each alternative ... to convey the pain and grief which can be associated with any unplanned pregnancy outcome.
Its primary goals are:

(1) to motivate students to avoid unplanned pregnancy in the first place, so that they will not have to face such choices, and

(2) to help students empathize with people (male and female) who face these difficult choices

If your students have not studied **9/10 F.L.A.S.H.** in these earlier grades, you may want to do this lesson before continuing with **11/12**.

By their junior and senior years in high school, students are generally developmentally ready to study two additional issues:

(1) explicit medical and legal information about each of the options, and

(2) the ethical controversy surrounding them.

Why do they need to study these issues? They will need correct information to make informed decisions as tomorrow's health care consumers, parents, voters, etc. They will also need to be able to articulate their own values, courteously and with respect for others, as they enter adulthood.

YOUR ROLE:

In the first of these four lessons, your job is to convey accurate information regarding abortion. On day two, you will focus on the facts with respect to adoption. The third lesson addresses the facts regarding parenting, especially fathering (which often gets less than its fair share of attention). On the fourth day, your job is to facilitate courteous discussion of values and of the experiences of real people who make each choice. In addition, you may want to have a panel of individuals and couples who have made different choices and who are at peace with those choices. If you have your district's permission (and time) you can also have spokespeople for "pro-choice" and "pro-life" organizations, on two different days, as guest speakers.

However, at **no** point is it appropriate for you, as influential as you may be with students, to express your **own** opinion about the ethics of any pregnancy option ... unless of course yours is a private school with an official stance on these matters.

That is not to say your role is to be "value-neutral". It is appropriate and important that you express relatively universal values, such as:

- that students should treat one another's feelings with consideration, and
- that it is better to prevent an unwanted pregnancy, if possible, than to abort one, and
- that honest communication is desireable, in all relationships (parent-teen, boyfriend-girlfriend, patient-doctor) whenever possible, and
- that it's best (safest, wisest) for high school students not to be having intercourse.

On these issues at least 95% of families would agree. What is inappropriate is for you to express values on any issue where fewer than 95% of families are agreed ... which, of course, includes any value position on abortion and adoption.

ACTIVITIES:

1. Explain the purpose of today's and tomorrow's lessons:

   Today we are going to study the facts about abortion. By the end of the lesson ...

   - *You will be able to define abortion and understand the terms "spontaneous" and "induced".*
   - *You'll know how and when different types of abortions are done.*
   - *You'll be able to tell the difference among facts and fallacies, values and feelings regarding:*
     - *risks (physical and emotional),*
     - *law and "case law", and*
     - *people who have abortions.*

   In other words, today our focus is on the facts ... not people's feelings or values. Although we all have them, we aren't going to discuss them quite yet. We need to begin with solid, accurate information.

   Then, tonight, you can use a Family/Friend Homework Exercise to consider and express some of your beliefs about various abortion-related moral issues.

   Prepare people for the explicitness of today's lesson and encourage them to talk with a trusted person, ideally in their families, about feelings the lesson may evoke:

   > *Let's talk a little more about today's lesson, before we begin. You'll be learning some very explicit information today. I want you to know that in advance. We know that some people in this room have probably either had abortions, considered abortion, or loved someone who's had one. Talking about how the operations are performed may be hard for some of us. For others, it may not be a big deal. In any case, it will be crucial to look out for one another's feelings today and over the next few days.*
   >
   > *For anyone here who has strong emotions on the subject, these next four lessons may be difficult. I'd encourage you to talk over any feelings the lessons generate. You are welcome to come talk with me after class. I'd especially encourage you to talk with someone in your family about how you're feeling. Some of you may also have a friend or clergy person (priest, minister, rabbi, imam, etc.) you want to go to. Just remember that it's important to take care of yourself.*
   >
   > *Any questions before we get started?*

2. Write the terms "SPONTANEOUS", "INDUCED", "LEGAL" and "ILLEGAL" on the blackboard and elicit definitions of each term from the class.

3. Circle the terms "Induced" and "Legal" and explain that the lesson will focus mainly on these. Use Abortion Transparency 1 to review the concept that there are three "trimesters" to a pregnancy. Add Transparency 2 (as an overlay), to introduce the names of each of the procedures currently used.

Hand out Abortion Reference Sheet 1, and give students about ten minutes to read it silently. If your class includes reluctant readers, or ESL students whose English skills are poor, you may want to have volunteers take turns reading aloud from the Reference Sheet, rather than relying on students' reading it individually.

Follow up by asking a few clarifying questions. For example:

a. Which is the most common abortion procedure?

b. When is it done?

c. How long does it take, for the actual procedure?

d. Are there risks with it? Give me some examples.

e. What's the procedure that's usually done a little later in the pregnancy?

f. What is the difference between this procedure (D & E) and a vacuum curettage?

NOTE: The only procedures we have described in any detail are these two which account for a combined 99% of abortions. Students may sometimes have questions about the other procedures. One, for instance, is what fluids are injected into the uterus during an infusion abortion, and what they do. Two kinds of fluids may be used: a saline or urea solution to stop the fetus' heart and/or a hormone to start labor. If students have other questions, you might refer them to **Contraceptive Technology**, by Hatcher, et al. It is revised biannually, so look for a current edition. Or have them call a local physician who provides abortions.

4. Using Transparencies 3 through 9, help the class practice distinguishing among key facts, fallacies, feelings and values regarding abortion. Here are the answers and explanations of the Transparencies:

TRANSPARENCY 3

Women have abortions over and over, instead of bothering to use contraception.
— **FALLACY**

This is a stereotype. One study found that only 5% of the women who had abortions had never used birth control. And in 1987, the most recent year for which we have data, 50% of women having abortions in Washington State had never had one before, and another 26% had only had one previous abortion.

TRANSPARENCY 4

If you have an abortion now, you are more likely to have a miscarriage later.
— **FALLACY**

See the Reference Sheet question regarding infertility. Multiple abortions, second trimester abortions, illegal abortions and childbirth all **do** slightly increase the risk of future miscarriage. But the evidence shows that a first trimester legal abortion does **not**.

TRANSPARENCY 5

About one woman in five hundred has an infection with a vacuum curettage abortion. — **FACT**

See the chart on the Reference Sheet. An infection can be serious if it isn't caught early and treated. That's why the patient has to take her temperature every day for a couple weeks, and usually takes antibiotics, too, just in case.

TRANSPARENCY 6

Abortion is murder. — **VALUE**

The word "murder" is the operative one. People of good conscious disagree about whether to characterize it this way. That is what tonight's homework will explore.

TRANSPARENCY 7

RU 486 is not legal in the U.S. — **FACT**

It is available in France, China, England. But in the U.S., drug companies haven't tried to make it available. It is partly a matter of the costs of the approval process and of insuring themselves against lawsuits (also a problem for companies manufacturing contraceptives). It is also undoubtedly a function of the politics of abortion ... groups that oppose abortion would undoubtedly organize a boycott of all the products of any company that tried to market RU 486 in this country.

TRANSPARENCY 8

Having an abortion can be very difficult, emotionally. — **FEELING**

This is, of course, a fact **about** a feeling. Point out, though that while it is a fact that many women and men find having an abortion emotionally difficult, some do not. How a person will feel is partly a function of his or her values, partly a matter of how much thought and time goes into the decision, and partly a matter of how much communication and support takes place before and after the fact.

TRANSPARENCY 9

A woman should have a legal right to make her own decision about abortion. — **VALUE**

The word "should" is the operative one, here. For the most part, as of this printing, she **does** have a legal right, with some restrictions depending upon which state she lives in ... although this may change when the Supreme Court revisits Roe v. Wade. In any case, we'll take a look at the laws, and how they have changed over time, in a moment. But whether a law is right or wrong is a matter of values.

5. Explain the current legal situation. Remember, your job is to provide information, **not** to editorialize, even subtly, about the law. In their homework, students will have an opportunity to articulate some of **their** beliefs in that regard, but it is **not appropriate** for you to express your personal opinions about a controversial issue such as this.

   You will need to tailor this portion of the lesson to your own state. Below, as lecture notes, we have described U.S. and Washington State laws (including "case law"), **at the time this goes to print**. However, we recommend that, a few days prior to this lesson, you call your state Attorney General's office, your local League of Women Voters, or your state Medical Society, for a reasonably objective description of the most current status of abortion law in your state.

   What is "case law" and how does it differ from ordinary "law"?

   The U.S. Congress and state legislatures pass laws. Sometimes votes of the people create laws, too. But it isn't legal to pass a law that conflicts with the U.S. Constitution. State laws also must respect their state constitutions. Only the courts can decide if a law is "constitutional" ... that is, if it's not in conflict with the Constitution. The decisions of the courts, about constitutionality and other issues, are called "case law".

   What is the recent history of abortion law?

   1812: MASSACHUSETTS SUPREME COURT holds that abortion is legal until "quickening". Quickening is the point at which the woman can feel fetal movement; this happens at about five months, or close to the end of the second trimester. (Otherwise, there are no state or federal laws governing abortion in the early 19th century in the United States.) *Commonwealth v. Bangs*

   1821: THE CONNECTICUT LEGISLATURE enacts the first state law which restricts abortion. It regulates the use of dangerous substances, but preserves the woman's "common law" right to abortion before quickening.

   by **1841**: TEN OTHER STATES AND ONE TERRITORY have passed laws restricting abortion. Most still allow abortion before quickening. Most of those which prohibit abortion after quickening, contain an exception: to save the woman's life.

   by **1860**: TWENTY OF THIRTY-THREE STATES have some sort of legal restriction on abortion. The other 13 states still have no laws about abortion.

   1873: U.S. CONGRESS passes the *Comstock Law*, the first federal act on the issue. It bans from the mails any medicine for, or information about, abortion or contraception ... deeming them "obscene".

   by **1900**: ALL BUT ONE STATE have passed laws restricting or banning abortion. The only exception is Kentucky where the courts, rather than the legislature, have prohibited abortion.

   by the late **1960**'s: ABOUT ONE-THIRD OF THE STATE LEGISLATURES have passed laws providing for exceptions to their abortion bans (such as "to preserve the woman's physical or mental health", "when the child might be born with grave physical or mental disability", or "in cases of rape or incest").

1970: WASHINGTON STATE VOTERS pass a referendum legalizing abortion, with certain restrictions. This makes Washington the first state in which the voters themselves decide (rather than the congress or the courts). *Referendum 20*

1967-73: THREE STATE LEGISLATURES (Alaska, Hawaii and New York) pass laws allowing abortion on request.

1970: The U.S. CONGRESS provides funding for family planning (called "Title X [Ten]" funds). This money cannot be used to pay for, advocate for, or promote abortion. However, programs receiving this money are mandated to provide information about all options (including abortion) and make referrals.

1973: The U.S. SUPREME COURT decides it is unconstitutional for a state to prevent a woman from having an abortion (no matter her reason) in the first two trimesters of pregnancy. In the second trimester, a state may impose regulations to protect the woman's health. In the third trimester (after "viability" ... the time the fetus could survive outside the womb), states may ban abortion, except to protect the woman's health or her life. *Roe v. Wade*

1975: The WASHINGTON STATE SUPREME COURT decides that a teen has the same constitutional right to privacy as an adult. She cannot be required to get a parent's consent. *Washington State v. Koome*

1976: The U.S. SUPREME COURT holds that a state cannot give husbands or parents the absolute power to veto abortions. A state **may** require that the woman declare in writing that she is making a free and informed choice. *Planned Parenthood of Central Missouri v. Danforth*

1976: The U.S. CONGRESS passes a law that prohibits federal funding for abortions for low income women. *Hyde Amendment to Public Law 95-205*

1977: WASHINGTON STATE VOTERS decide to make state funds available to replace the lost federal funds.

1977-1983: The U.S. SUPREME COURT rules on the constitution-ality of a variety of state laws ... holding, for instance, that the government:

- **may** decide not to fund abortions for low-income women *(Maher v. Roe);*
- **may** seek to protect a fetus after viability, but may not interfere with the physician's good faith decision about whether a fetus is viable *(Colautti v. Franklin);*
- **may** require parental consent, so long as it provides an alternative ... such as letting the minor seek a judge's determination that she is "mature" enough to decide *(Bellotti v. Baird);*
- **may** require the doctor of a minor to try to inform the patient's parents before performing an abortion, so long as the minor is "immature" and dependent *(H.L. v. Matheson);*
- **may not** require a 24-hour waiting period between the signing of a consent form and the abortion itself *(City of Akron v. Akron Center for Reproductive Health);* and
- **may not** require that all second trimester abortions be done in hospitals *(City of Akron v. Akron Center for Reproductive Health).*

1984: WASHINGTON STATE VOTERS decide to continue funding abortions for low income women, without restriction. *defeat of Initiative 471*

1989: The U.S. SUPREME COURT determines that a state:

- **may** declare that life begins at conception (The Court said that such a declaration wouldn't necessarily be used to restrict birth control and abortion decisions.);
- **may** forbid the use of public funds to "counsel women to have abortions" not needed to save their lives (The Court said this law would not prevent public employees from providing patients with full information **about** abortion.);
- **may** decide not to use public facilities for abortions for reasons other than saving the woman's life; and
- **may** require a doctor to perform tests to determine the viability of a fetus of over 20 weeks gestation (The Court said this law would not require "imprudent" or "careless" tests.) *(Webster v. Reproductive Health Services).*

1990: The U.S. SUPREME COURT holds that a state **may** require that a minor inform **both** parents 48 hours before having an abortion, so long as it provides her the alternative of seeking a judge's approval. *Hodgson v. Minnesota* (This ruling did not effect every state; in Washington State a minor is **not** required to involve her parents.)

1991: WASHINGTON STATE VOTERS decide to allow abortion without restriction during the first trimester, and with only health-related regulations in the second trimester (just as Roe v. Wade allowed) ... even if Roe v. Wade should be overturned on a federal level. *Initiative 120.*

6. Hand out the Family/Friend Homework Exercise: "On Abortion". Point out that they are **not** to put their names (or those of the family member or friend with whom they discuss them) on these papers. You will be giving credit to those who bring in completed papers; but you will not need to see **how** they answered any questions, just that they did.

   Make sure they realize that the assignment is due in three days (as part of lesson 11)!

Abortion Transparency 1

FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
(through week 13)	(weeks 14 - 26)	(weeks 27 - birth)

Abortion Transparency 2

POST-COITAL PILLS
the "morning after pill"

RU 486
the "abortion pill"

VACUUM CURETTAGE
the "suction abortion"

DILATION & CURRETAGE
the "D & C"

DILATION & EVACUATION
the "D & E"

INFUSION
injecting a fluid into the amniotic sac

NONE

Abortion Transparency 3

"Women have abortions over and over, instead of bothering to use contraception."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

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Abortion Transparency 4

"If you have an abortion now, you are more likely to have a miscarriage later."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

Abortion Transparency 5

"About one woman in five hundred has an infection with a vacuum curettage abortion."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

Abortion Transparency 6

"Abortion is murder."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

Abortion Transparency 7

"RU 486 is not legal in the U.S."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

Abortion Transparency 8

"Having an abortion can be very difficult, emotionally."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

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Abortion Transparency 9

"A woman should have a legal right to make her own decision about abortion."

Is this a ...

☐ **FACT?**

☐ **FALLACY?**

☐ **VALUE?**

☐ **FEELING?**

Abortion Reference Sheet

PART ONE: ALL SIX TYPES

FIRST TRIMESTER — FIRST 3 MONTHS

a. POST-COITAL PILLS, also known as "the morning after pill" ... must be used within 72 hours of intercourse. They are used only rarely.

b. RU 486, also known as "the abortion pill" ... is used up to seven weeks after fertilization. It is not legal or available in the United States as of this printing.

c. VACUUM CURETTAGE, or "the suction abortion" ... is done six to fourteen weeks after the first day of the last normal period ... about four to twelve weeks after fertilization.

The suction abortion is the most common type. In Washington, almost 91% of all abortions are this type.* They cost about $200-300 in the Seattle area.** Low income women can get financial help sometimes and medical coupons are usually accepted. (This type of abortion will be described in Part Two.)

SECOND TRIMESTER — NEXT 3 MONTHS

a. DILATION AND CURETTAGE, also called a "D & C" ... is rarely done for abortion purposes any more. It is usually done for other reasons (e.g., after a miscarriage).

b. DILATION AND EVACUATION, or a "D & E" ... is done between 12 and 20 weeks, occasionally as late as 22 weeks, after the first day of the last normal period ... which is about 10-20 weeks after fertilization.

D & E is the second most common type of abortion. About 9% of all abortions in Washington are D & E's.* In the Seattle area they cost about $375-1,150 and are not available after 22 weeks (20 weeks' gestation).** Again, sometimes financial help is available and some doctors accept medical coupons. (This type of abortion will be described in Part Two.)

c. INFUSION of fluid into the amniotic sac ... may be done in rare cases, for instance if the woman's life is in danger.

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* *In 1989, per the 1990 Washington State Department of Social and Health Services' "Summary of Vital Statistics"*

** *These are costs as of January, 1992.*

PART TWO: WHAT HAPPENS?

THE PREGNANCY TEST AND COUNSELING

FIRST: The woman misses a period. Or she has a very light period and notices other symptoms (sore breasts, tiredness, nausea, etc.). She thinks she may be pregnant. She makes an appointment to have a pregnancy test about six weeks after the first day of her last normal period.

SECOND: The woman arrives at the clinic,* She may bring her partner, or a friend or family member. She fills out a form about her health history. She has a urine test and pelvic exam. If she's pregnant, she talks about her choices with a counselor, nurse practitioner or doctor. She can learn about all three choices, and talk about her feelings and values. If she's not sure what she wants to do, or if she wants more time to talk with her partner or family, she can take home things to read and show them. **She doesn't have to decide right away.**

THIRD: If she decides to continue the pregnancy, she makes an appointment for "prenatal care". At that time, she may want to talk about getting help with finances, furniture, etc. If she is interested in adoption, she can ask for a referral to an adoption counselor (or a lawyer).

If she decides to have an abortion, she may need an "ultra-sound" test to find out exactly how many weeks pregnant she is. (Sometimes, the pelvic exam is not accurate enough.) If she's less than 22 weeks pregnant, she makes an appointment for the abortion.

VACUUM CURETTAGE: The Most Common Type of Abortion

HOW IS IT USUALLY DONE?

FIRST: The woman is given a tranquilizer to relax, if she wants one. Her cervix is numbed (put to sleep) with a shot. Her friend or her partner may be able to be with her, for support.

SECOND: The doctor dilates the cervix (opens it a bit). The woman may feel cramping.

THIRD: A small plastic tube is put through the vagina into the uterus and it is vacuumed out.

FOURTH: After a minute or two, the doctor checks the uterus with a spoon-shaped tool, to make sure all of the fetal and placental tissue has been removed.

FIFTH: The woman rests for an hour or so before she leaves the clinic.

SIXTH: For a couple of weeks, she takes antibiotics and checks her temperature, to make sure there is no infection. During this time, she shouldn't use tampons, douche, have intercourse, or do heavy exercise.

SEVENTH: She returns in two or three weeks for a check-up.

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* *In Washington State, 94% of all abortions are done in a clinic, not a hospital.*

POSSIBLE PROBLEMS?

Any surgery has some risks.

With VACUUM CURETTAGE, complications can include: *

INCOMPLETE ABORTION: In about 1 per 500 women the uterus is not completely emptied. The woman should call the doctor if she has more cramping or bleeding than she would during a normal period. She may need the operation repeated.

INFECTION: A germ from her vagina (such as gonorrhea or chlamydia) could get into the uterus during the abortion. If it became PID, this could be serious. That's why she takes antibiotics and checks her temperature every day. This kind of infection can almost always be cured if she gets treated. About 1 woman in 1,000 gets an infection.

Other complications are rare. These can include:

- failure to end the pregnancy (about 1 per 1,600),
- bleeding that won't stop without medication or a D & C (about 1 per 3,100 women),
- a cut in the uterus (about 1 per 4,700),
- a tear in the cervix (about 1 per 9,300),
- other complications ... an allergy to anesthetic, for example (about 1 per 2,300).

Vacuum abortion is one of the safest operations there is, but any operation can lead to death. Here is a chart showing the risk of death from a few activities:**

legal abortion before 9 weeks:	1 in	400,000	
9-12 weeks:	1 in	100,000	
13-16 weeks:	1 in	25,000	***
after 16 weeks:	1 in	10,000	***
pregnancy and childbirth:	1 in	10,000	
driving a car for a year:	1 in	6,000	
smoking cigarettes for a year:	1 in	200	

---

* *Complication rates are for 1989, for Washington State residence, calculated from data collected by the Department of Health Office of Vital Statistics. Figures have been rounded to the nearest 100 women (e.g. "1 out of 4,673" was rounded to "1 out of 4,700".).*

** *According to* ***Contraceptive Technology, 1990-1992****, Hatcher et al, Irvington Publishers, NY (1990)*

*** *Most of these are D & E's, not vacuum curettage.*

DILATION AND EVÁCUATION: The Second Most Common Type of Abortion

HOW IS IT USUALLY DONE?

FIRST: The cervix needs to be open wider than it did for an early abortion. So, on the patient's first visit, the doctor puts "laminaria" into the cervix. These are little sticks made of dried seaweed or plastic (about the size of match sticks). They will swell overnight, as they absorb cervical fluids, to gradually open the cervix. She will most likely have moderate to heavy cramps.

SECOND: She returns to the clinic the next day. Sometimes, the doctor adds more laminaria and the patient comes back on the third day for the abortion itself. Sometimes, the abortion can be done on day two.

THIRD: She gets a tranquilizer to relax her, if she wishes. The doctor removes the laminaria and numbs her cervix.

FOURTH: Besides using the vacuum tool, and the spoon-like tool, the doctor uses a forceps (a grasping tool) to remove the fetal and placental tissue. This takes ten or fifteen minutes. Different women describe the pain differently; often as something like heavy menstrual cramps. It is not as intense as labor.

FIFTH: The rest is the same as with a vacuum abortion: she rests for an hour or so before she goes home, she takes it easy for a couple of weeks, and she goes back for a checkup after two weeks.

POSSIBLE PROBLEMS?

Early abortion is safer than later abortion. D & Es, carry the same risks as earlier abortions, but the frequency of complications is, for the most part, somewhat higher: *

- incomplete abortion (1 per 300 women),
- bleeding that won't stop without medication or a D & C (1 per 300),
- infection (1 per 600 women),
- a tear in the cervix (about 1 per 1,400),
- a cut in the uterus (1 out of about 2,800 women in 1989),
- other complications (about 1 per 900)

Even with these higher rates, D & E is still as safe as giving birth, if not safer (depending on when it's done).

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* *Complication rates are for 1989, for Washington State residence, calculated from data collected by the Department of Health Office of Vital Statistics. Figures have been rounded to the nearest 100 women (e.g. "1 out of 311" was rounded to "1 out of 300").*

PART THREE: OTHER QUESTIONS

DOES A LEGAL ABORTION INCREASE THE RISK OF FUTURE INFERTILITY?

Having one first trimester legal abortion does not affect a woman's chances of having babies in the future. There is some increased chance of future miscarriage, however, from three or more first trimester legal abortions, a second trimester legal abortion, childbirth, and, especially, an illegal abortion.

IS AN ABORTION LIKELY TO CAUSE EMOTIONAL PROBLEMS?

No, not for most women, particularly not in the first trimester of pregnancy, according to a panel of experts from the American Psychiological Association. *

C. Everett Koop, when he was Surgeon General of the United States, reviewed 250 studies on abortion and mental health. He found that the studies were not carefully done. His conclusion? To put it simply: We don't know. **

That doesn't mean it isn't hard for many people. Any unplanned pregnancy can be emotionally hard, no matter what the woman or couple decides to do about it. And each person responds in his or her own way. Most feel some sadness and grief after an abortion. Some have a sense of relief. They may feel as if the experience matured them. They may also feel anger or numbness ... or several feelings at once.

> *Making that decision was the hardest thing I've ever done in my life. I don't regret it, but that doesn't mean I didn't cry. Still, every year, on what would have been the baby's birthday, I go for a long walk by myself. It gets easier each year, but it will always be a part of me.* — Tarina
>
> *I felt mostly peace after my abortion. I felt very lucky to have the kind of parents and boyfriend who would stand by me.* — Janis
>
> *I felt relieved, but also very, very sad. I couldn't talk with my partner, because I didn't want her to feel like I wasn't standing by her. And I couldn't talk to my friends. They would never have understood. I drove around a lot and I prayed. It helped.* — James

Women who feel they were forced or pressured into an abortion may have especially hard times afterwards. Those who haven't really thought, ahead of time, about what they believe may also want to see a counselor. As for men, they may have hard times if they don't agree with their partners' decisions, and even if they do.

Talking — alone or together — with a supportive counselor, clergy, friend or family member before and after the abortion can help. And sometimes, if a couple is gentle with one another's feelings, talking with each other about something so private can bring them closer.

* *"Abortion and Women's Health" Rachel Benson Gold, Alan Guttmacher Institute, NY and Washington, D.C.*

** *"Draft Report on Post Abortion Syndrome" C. Everett Koop, M.D., ScD., then United States Surgeon General*

Family/Friend Homework Exercise "On Abortion"

DO NOT PUT YOUR NAME ON THIS PAGE.

Below are seven questions about abortion and values. Read them and think about your own beliefs. For each one, circle the letter of the answer you most agree with, or write in your own answer. Talk about any three of these seven questions with a family member or another trusted adult or with a close friend. Together, sign the homework confirmation slip at the end. Separate the slip from the exercise, so your name is not attached to your answers. Bring them both to class.

1. In my opinion, abortion is ...
    a. **never** the right choice, and it **should be against the law**.
    b. **never** the right choice, but **the law should stay out of it**. Only the woman should decide.
    c. **rarely** the right choice, and it **should be against the law except** to save the woman's life or in cases of rape or severe birth defects.
    d. **rarely** the right choice, but **the law should stay out of it**. Only the woman should decide.
    e. **sometimes** the right choice, but **some reasons should be against the law**, such as choosing the baby's sex.
    f. **sometimes** the right choice, but **the law should stay out of it**. Only the woman should decide.
    g. **not a matter of right and wrong**. It's just a fact of life.
    h. ____

2. In my opinion, abortion is ...
   a. **murder**. It is as serious as killing a toddler. It is wrong.
   b. **killing a human being, but it is not "murder"**. It is as serious as deciding you have to remove someone you love from life support.
   c. **killing, but not killing a "person"**. It is as serious as deciding you have to put your beloved pet to sleep.
   d. **not killing**. It is having a part of you removed. It is as serious as deciding to have your kidney removed, to donate to someone you love.
   e. **not difficult or serious**. It is like deciding to have a cavity filled.
   f. ____
   ____
   ____
   ____
   ____
   ____

3. I believe ...
   a. **a baby is human once it has a soul**. I don't know when that happens. I believe abortion is (never, sometimes, always) wrong. (Circle one.)
   b. **a baby is human once it is born**. I oppose infanticide (killing a born baby), but I don't ever think abortion is wrong.
   c. a **fetus is human once its brain is developed enough to begin to think and feel**. That's at about 28 to 32 weeks gestation (or about 6 months). I oppose abortion after 26 to 28 weeks.
   d. **a fetus is human once its brain is developed enough to begin to think and feel**. But I don't think every abortion after that point is necessarily wrong.
   e. **a fetus is human when it can survive outside the woman's body**. Right now, that's at about 24 weeks (about 5 and a half months). I oppose abortion after 22 to 24 weeks.
   f. **a fetus is human when it can survive outside the woman's body**. But I don't think every abortion after that point is necessarily wrong.
   g. **an embryo is human once it begins to look human**. Its face looks human by about 8 weeks (about 2 months). Abortion pills taken in the first weeks of pregnancy may be moral, but I oppose abortion after 6 or 8 weeks.
   h. **an embryo is human once it begins to look human**. But I don't think every abortion after that point is necessarily wrong.
   i. **a fertilized egg is human life**. Birth control that prevents fertilization is moral, but birth control that keeps a fertilized egg from implanting in the uterus is wrong.

j. **a fertilized egg is human life**. But I don't oppose any kind of birth control, even if it prevents an egg from implanting.

k. **an egg and sperm are human life**. Masturbation and all forms of birth control are wrong.

l. **an egg and sperm are human life**. But I don't oppose masturbation or some kinds of birth control.

m. ____

____

____

____

____

____

4. The man ...

a. should have a **legal right** to make an abortion decision. If a couple disagrees, **he should get to decide** whether she will or won't have an abortion.

b. should have a **legal right** to be part of an abortion decision. If a couple disagrees, he shouldn't be able to force her to have an abortion, but **he should be able to prevent her from having one**.

c. should have a **legal right** to be part of an abortion decision. If a couple disagrees, **a judge should decide**.

d. has a **moral right** to be part of the decision, but **it shouldn't be a legal matter**. A woman **should talk with him**, but if they disagree, she should get to make the final decision.

e. has a **moral right** to be part of the decision **in some cases** (if they are married, for instance, and he has never abused her), but only the woman can decide if it's best to talk with him.

f. is lucky if they have the kind of relationship where she would want to talk with him, but **it's not a matter of right or wrong**. It is the woman's body.

g. ____

____

____

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____

____

5. If a teen gets pregnant, her parent(s) or guardian(s) ...
    a. should have a **legal right** to make an abortion decision. If they disagree with her, **they should get to decide** whether she will or won't have an abortion.
    b. should have a **legal right** to be part of an abortion decision. If they disagree with her, they shouldn't be able to force her to have an abortion, but **they should be able to prevent her from having one**.
    c. should have a **legal right** to be part of an abortion decision. If they disagree with her, **a judge should decide**.
    d. have a **moral right** to be part of the decision, but **it shouldn't be a legal matter**. A young woman **should talk with them**, but if they disagree, she should get to make the final decision.
    e. have a **moral right** to be part of the decision **in some cases** (if she is 15 or younger, perhaps, and they have never abused her), but only the young woman can decide if it's best to talk with them.
    f. are lucky if they have the kind of relationship where she would want to talk with them, but **it's not a matter of right or wrong**. It is the young woman's body.
    g. ____

____

____

____

____

6. If someone I loved was planning to have an abortion ...
    a. I would know in my heart it was the **right choice** for her and I'd try to **support her 100%**.
    b. I might have **moral concerns**, depending on the situation, but I'd **try not to show them**. I'd try to **support her 100%**.
    c. I would believe in my heart it was the **wrong choice** for her, but I'd **support her the best I could** anyway.
    d. I would have **serious concerns** and I would feel it was my **moral duty to express them**. But I **wouldn't try to stop her**.
    e. I would know in my heart it was the **wrong choice** and I'd **try my best to stop her**.
    f. I would know in my heart it was the **wrong choice** and I'd **do anything I had to to stop her**.
    g. ____

____

____

____

7. The best ways to put a stop to abortion are (circle as many answers as you like) ...

a. to provide good sexuality education at home.

b. to provide good sexuality education in school.

c. to have clinics where we can show pregnant women that abortion is wrong.

d. to have clinics where we can show pregnant women that adoption can be a good choice.

e. to have programs to help feed, clothe and house pregnant women and women with young children.

f. to make it easy, unembarrassing and inexpensive to get birth control, but not in schools.

g. to make it easy, unembarrassing and inexpensive to get birth control, even at school.

h. to provide classes to help parents and kids to talk with each other.

i. to provide classes to help couples to talk with each other.

j. to bomb clinics or do whatever we have to to end abortion.

k. to advertise condoms and other over-the-counter birth control methods on TV and have billboards about birth control.

l. to tell our children that abortion is wrong.

m. to tell our children we hope they will never choose abortion.

n. to tell our kids we hope they will choose not to have intercourse until they are adult, if not married.

o. to tell our kids not to have intercourse until they are married, period.

p. to make sex before marriage illegal.

q. to pass out pamphlets and have demonstrations to try to teach people that abortion is wrong.

r. to pray for an end to abortion.

s. to write letters to the editor and to legislators about our beliefs.

t. to make abortion illegal.

u. to pressure people to be sterilized, once they have had enough children.

v. ____

____

____

____

____

____

____

Family/Friend Homework Exercise "On Abortion"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

The student should complete this five-page (7-question) Exercise. A family member or another trusted adult or a close friend, boyfriend or girlfriend should also complete it. Then discuss your answers. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON ABORTION", and discussed it with one another.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

- -

Family/Friend Homework Exercise "On Abortion"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

The student should complete this five-page (7-question) Exercise. A family member or another trusted adult or a close friend, boyfriend or girlfriend should also complete it. Then discuss your answers. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON ABORTION", and discussed it with one another.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

Lesson Plan 9

Unplanned Pregnancy: Adoption

Student Learning Objectives:

to be able to ...

1. Define adoption and foster care, distinguishing them from one another and from informal arrangements (with friends or family) as well as "baby-selling".
2. Explain the basic types of adoption: independent v. agency, and open v. traditional.
3. Distinguish between facts and fallacies regarding:
   - adoptees
   - birth parents,
   - adoptive parents, and
   - the law

Materials Needed:

- PHOTOCOPIES

  one set of ...
  nine Story Cards *
  nine "Fact" Cards *
  nine "Fallacy" Cards *

  nine per class period of ...
  Adoption Game Sheet

  one copy of ...
  Adoption Transparency

  one per student of ...
  Adoption Worksheet
  Adoption Information Checklist
  Family/Friend Homework Exercise: "On Adoption"

* *We suggest taping these "cards" to 5X8" index cards (3x5" for the Facts and Fallacies), to make them more durable.*

Time Needed:

One class period

Agenda:

1. Introduce the lesson by acknowledging some students' personal familiarity with the issue, and reiterating ground rules.
2. Use the Adoption Game (and the transparency and discussion) to address common myths, concerns and misunderstandings regarding adoption.
3. Using the Adoption Worksheet, clarify the differences between adoption and foster care, independent and agency adoptions, and "open" and "traditional" adoptions. Summarize the key concepts, using a focused writing exercise and the Adoption Information Checklist.
4. Assign homework.

ACTIVITIES:

1. Welcome the class to a lesson on adoption. Acknowledge that there are undoubtedly people in the class who were adopted, or people with adopted siblings, or who have foster care experience, or who have made adoption or foster care plans for a child of their own. Remind them that they need not share that sort of personal information, if they choose not to. But invite their input, to whatever extent they are willing to share today.

2. Play the Adoption Game: Have the class count off from 1 to 9, to create nine groups. Have all the 1's find each other, all the 2's and so forth.

   Give each group one Story Card, one Fact Card, one Fallacy Card, and one Adoption Game Sheet. Each group will also need a marker. They should decide who will be the "fact person" and who will be the "fallacy person". They also choose a recorder, who will circle their answers on the Game Sheet.

   Without letting other groups overhear them, they should read their Story Card aloud. The recorder should mark the correct answer on their Game Sheet. That is their "freebie". They'll have to work to get the other answers.

   Starting with whichever group has Story Card number One, the group reads the case study and question aloud. Encourage everyone to help with the reading. The other groups have 90 seconds to discuss it, decide if it's a fact or a fallacy, and record their answer. When every group has recorded an answer, have one person in each group stand up ... the person with the FACT card stands, if their group decided it was a fact, and vice versa.

   Then, the group with Card number One reads aloud the answer and the explanation. Groups with the correct answer mark that box with a big "C" for "correct".

   Stop and discuss any Story Cards about which there seem to be questions.

   After Card number One, ask the class, **"Why is it against the law to buy or sell a baby?"**

   Suggest three reasons, unless students suggest them first:

   a. A baby is a person, not a product. Selling a baby is reminiscent of slavery. Most people in our culture consider it wrong.

   b. It is not in the baby's best interest. If people could buy babies then babies would go to the wealthiest families, not necessarily the best families. People with enough money could avoid the kind of careful screening an agency would do. Even families with a history of child abuse, who had been turned down by reputable agencies, could buy a baby if they had enough money.

c. A woman should never feel pressured or obligated to place a baby for adoption. Even if the adoptive family is paying for her doctor bills, she must still understand that she has a right to change her mind, right up until the papers are signed (and, in Washington State, for 48 hours **after** they're signed). The more money she is offered, however, the harder it could be to turn it down. Poor women could become baby producers for the rich. As it is, some people are concerned about the ethics of adoptions of third world children. (Some people fear that impoverished families in famine-ridden nations will be pressured, or offered amounts of money that will seem enormous to them, in return for their children. Others feel that it is possible to safeguard against this sort of abuse.)

After Story Card number Four, stop to show and discuss Adoption Transparency One. From year to year, the percentages differ slightly. In 1989, it was reported that about 48% of pregnant teens up to age 19 obtained abortions.* That leaves about 52% who gave birth.

Of that 52%, 4.6% make formal, court-approved adoption plans and another 2.5% make informal "adoption" arrangements with relatives and friends.** Combined, that is 7.1% of those who give birth or 3.7% of all those who got pregnant (7.1% X 52% = 3.7%). In other words,

- about 4% of those who get pregnant choose adoption,
- about 48% have abortions,
- and about 48% choose to parent.

After Story Card number Nine, make sure you reemphasize that, not only do the birth parents get to decide **how** the adoption will proceed, they get to decide **whether** it will proceed at all. Even if they are teens, they do not need their parents' consent to place their baby for adoption.

The correct answers for all nine Story Cards are:

1=**FALLACY**
2=**FALLACY**
3=**FACT**
4=**FACT**
5=**FACT**
6=**FALLACY**
7=**FALLACY**
8=**FALLACY**
9=**FALLACY**

Reinforce the facts (3,4 and 5) by reading them aloud again. Finally, ask for a show of hands: **How many groups got all nine correct? Eight? Seven?** and so forth. We suggest a round of applause for the groups who got eight or nine; they are very knowledgeable about adoption.

---

* ***1989 Washingtion State Annual Summary of Vital Statistics***, *Department of Health, October 1990.*

** *Henshaw, "A Portrait of American Women Who Obtain Abortions,"* ***Family Planning Perspectives***, *17(2):90, 1985.*

3. Hand out the Adoption Worksheet. You can either have students read it silently, filling in the blanks as they go, or have students take turns reading aloud from it. If you do it aloud, when you get to a blank, ask volunteers to suggest what the answer might be. Spell the correct answer on the blackboard. Stop and discuss as needed. Use the following lecture notes to expand upon the Worksheet:

WHAT'S THE DIFFERENCE BETWEEN ADOPTION AND FOSTER CARE?

The answers (which go in the Worksheet blanks) are: **permanent** (or **forever**), and **birth** (or **biological**).

Why "birth" parents rather than "natural" or "real" parents? To call the birth parents "natural" or "real" implies that the adoptive parents are somehow **un**-natural or imaginary. That is a degrading implication. **Both** sets of parents deserve respect and sensitivity.

At this point, you might reiterate your invitation to people who have personal experience with adoption or foster care to think about (and to share, if they're willing) what other terms they find offensive or hurtful, relative to adoption and foster care. If they do share terms they consider insensitive, ask them to suggest more sensitive language with which to replace them.

Notice, for example, that we've avoided the terms "relinquish", "surrender" and "give up" the baby, all of which describe a passive role. Instead, we've used the phrase, "to make adoption plans for" the baby. This is more respectful; it describes an active process in which birth parents take the lead in doing what **they** decide is best for **their** child.

WHAT'S THE DIFFERENCE BETWEEN "INDEPENDENT" AND "AGENCY" ADOPTION?

The answers (which go in the Worksheet blanks) are: **lawyer** (or **attorney**) and **counselors** (or **case workers** or **social workers**).

In 1982, a total of 141,861 formal adoptions were approved by the courts in the United States. Nearly two-thirds (91,141) were adoptions by relatives (step-parents and others). About one-third (50,720) were adoptions by unrelated people*. Of the latter:

- 19,428 were arranged by public agencies
- 14,549 were arranged by private agencies
- 16,743 were arranged by private individuals

Over one-third of the children adopted by non-relatives were healthy infants. The others had special needs of various kinds.

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* *National Survey of Family Growth, conducted in 1982 by the National Center for Health Statistics, reported in "The Adoption Guidebook", developed by the Office of Population Affairs, United States Department of Health and Human Services, 1986.*

WHAT'S THE DIFFERENCE BETWEEN "OPEN" AND "TRADITIONAL" ADOPTION?

The answers (which go in the Worksheet blanks) are: **closed** and **pictures**.

Whether an adoption is "traditional" or "open", an adoptee may want to meet his or her birth parents at some point. Some states have registries, where a birth parent or an adoptee can register his or her interest in contact, should the other person be willing. Sometimes, too, an agency is willing to be the intermediary ... to maintain current addresses, phone numbers, and health information, in case the people involved wish (or need) to find one another.

It is important to mention that, while "open-ness" may provide a birth parent some sense of control and the peace of knowing that the baby is healthy and well-loved, it does not eliminate the sense of loss or need to grieve that most birth mothers and many birth fathers experience. As with abortion, each person who places a baby has a somewhat different emotional experience. But intense grieving is very common. Of the sixteen birth mothers interviewed for one study (Monserrat's unpublished dissertation, described in **Adoption Awareness**, Lindsay and Monserrat), two said they had felt "absolutely no grief since the placement". The others all had had a need to grieve, to one degree or another.

You may want to point out that being sad or feeling pain about one's choices in life does not mean that one has made "wrong" decisions. In some decisions, as in unplanned pregnancy, **any** alternative means loss. Even choosing to parent would mean a loss: loss of one's independence and, in many cases, of the kind of life one had hoped and planned for. For a teen, it can mean loss of adolescence, but that oesn't mean that **it** is the "wrong" choice, either. Each person or couple must decide, and then must experience the grief or other feelings that their choice may bring.

Even if you do the first part of the Worksheet aloud, allow people five or ten minutes, individually or in pairs, to complete the open-ended sections of the Worksheet. Then take five or ten minutes for people to report on their answers, suggesting that they add to their Worksheets answers, as others make valuable suggestions they may not have considered. Jot the key words from their answers on the overhead, to encourage their contributions. Here are a few ideas to add, if students don't suggest them:

WHAT A PREGNANT WOMAN OR COUPLE NEEDS TO KNOW ABOUT ADOPTION:

a. It is permanent.

b. It is legal.

c. She/they can have a great deal of control over the process ... but she/they may need to "shop around" for a lawyer, adoption counselor, or agency that shares their philosophy.

d. Adoption plans can be made before or after the birth. Even if people decide to parent, they may later realize they made a mistake and plan for an adoption.

When students have exhausted their ideas about what the woman or couple might want to ask, hand out the Adoption Information Checklist.

WHAT IF THEY DISAGREE?

a. Ultimately, if the woman wants to parent, she has a legal right to make that choice, whether or not he agrees. Legally, the father must provide half of the child's financial support, if she does choose to parent. Whether he provides other kinds of support (emotional, practical) is, by law, his decision. More about that tomorrow.

b. If **she** is the one leaning toward adoption, he does not have the same degree of legal "right to parent" ... but he does have a right to a hearing to try to show a judge that he is qualified to do so. Presumably, if he did get custody, she would be obligated to provide financial support.

c. There are counselors and social workers who will respect **both** individuals' feelings, and who may be able to help them reach a decision both can live with. But, as above, they might have to "shop around" to find someone they both could trust.

d. The sooner they start talking, the better ... for them, and especially to assure the baby's future.

WHAT I WOULD WANT TO ASK ...

You can do three things with the questions students generate:

a. If you are planning a panel, give them to the panelists ahead of time, and/or have students keep their papers and ask their questions of the panelists.

b. If you have students doing Individual Field Trips involving adoption, give them these questions, so they can ask their interviewees and report back to class.

c. Call an adoption agency yourself, ask the questions of a caseworker, and report back to class. Make clear, if this is the best you can do, that they are hearing your interpretation of a caseworker's interpretation, of what birth parents, adoptees, and adoptive parents would say.

4. Assign homework.

STORY CARD 1

Cindy was upset when she found out she was pregnant. The doctor suggested she think about adoption. She told Cindy she knew of a great family who wanted to adopt a baby. They would pay her doctor bills, buy her maternity clothes, and pay for the lawyer. Cindy felt troubled that the doctor wanted to talk about money.

FACT OR **FALLACY**? It is against the law for Cindy to accept this kind of financial help from the adoptive family.

ANSWER: That's a **FALLACY**... It's not true.

FACT: It is illegal to "sell" a baby ... to accept cash or big gifts. It is not illegal for the adoptive family or agency to cover legal and medical costs and other necessities. Cindy needs to know that, even if she accepts this kind of financial help, though, she can still change her mind about adoption. She still has the right to decide what is best for her and her baby.

But this doctor seems to be pushing, and it is understandable for Cindy to feel troubled. She wants what is best for her and, if she decides to have the baby, for the baby ... not just what costs the least. She needs to talk with a doctor or counselor who will help her understand all her options and who will focus on Cindy's feelings and beliefs, before she makes up her mind.

STORY CARD 2

Elizabeth was twenty when she had Jude. She thought she could parent him and she tried. But after six months, she was very unhappy. She talked with a counselor for hours. She decided she just wasn't ready ... and that the best thing for Jude would be to have a family that was really ready. As hard as it was, she made an adoption plan for him, because she loved him.

FACT OR **FALLACY**? By law, Elizabeth can't change her mind now. You can only choose adoption on the day the baby's born.

ANSWER: That's a **FALLACY** ... It's not true.

FACT: People sometimes decide to raise the baby and then discover they made a mistake. Or they place the baby in foster care until they can decide what to do. Of course, the sooner a final decision is made, the better it is for the baby. But once they do sign the paperwork, the birth parents can't change their minds, so no one should ever decide under pressure. (Actually, in some states the decision is final the day the papers are signed; in others they may have up to a month to change their minds. In Washington, there is a 48 hour "grace period" after papers are signed, during which the birth parents can change their minds. But basically, an adoption decision is permanent.)

STORY CARD 3

John's partner, Larrisa, is pregnant. She wants to make an adoption plan for the baby. He wants to raise the baby himself, if Larrisa won't.

FACT OR **FALLACY**? John has a legal right to a hearing, before the baby can be placed for adoption.

ANSWER: That's a **FACT**.

FACT: He has a right to try to prove to a judge that he can be a good parent. The United States Supreme Court says he has that right, regardless of his age or whether he is married. In some states, both birth parents must sign the adoption papers. In other states, at least an honest attempt must be made to notify the birth father — there's a legal process for doing this, in Washington State, for instance.

What if Larrisa hadn't even told John she was pregnant? What if she had claimed she didn't know who the father was? Then, when John did find out, he could have gone to court to challenge the adoption ... even after the baby had begun to know his or her new parents. It is safest for the baby, to work it out in court, to begin with.

STORY CARD 4

Sarah and Dan are juniors in high school. They have been going together for six months when Sarah discovers she's pregnant. As they begin to think about what to do, they realize that everyone they know who has ever gotten pregnant has either had an abortion or raised a baby. They are leaning toward adoption, but they don't know of a single person they could talk with who decided on adoption.

FACT OR **FALLACY**? Only about four percent of unmarried teens who get pregnant choose adoption.

ANSWER: That's a **FACT**.

FACT: About 41% of pregnant teens in the United States decide to have abortions. About 55% decide to parent. About 4% — or 1 teen in 25 — decide on adoption (that includes legal and informal ones). Of course, that's still a lot of people. If about one million teens get pregnant in the United States each year, then at least forty thousand choose adoption. There **are** other teens Sarah and Dan could talk with, who have made that choice. An adoption agency can probably put them in touch with some young birth parents. There may even be a birth parents' support group in their area.

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STORY CARD 5

Keith and Gina are also thinking about adoption. But Gina is concerned the baby will get "bad parents". She has heard stories about children being abused by adoptive parents. She wants what is best for the baby.

FACT OR **FALLACY**? The law says that every adoptive family must be "screened" by a caseworker.

ANSWER: That's a **FACT**.

FACT: Every family must have a "homestudy", which includes a criminal background check. But an agency may be more selective than a private lawyer or doctor (some people would say agencies are too selective). Gina has a right to be worried and to want to choose carefully. Of course, most adoptive families are joyful over having a baby to love ... if anything they will over-protect the baby, not abuse or neglect her. But Gina and Keith can talk with several agencies, and ask how each one works.

Generally, a case worker visits the home of people who want to adopt. He or she also talks with three to six personal references ... friends and neighbors who can discuss what kind of parents these folks would be. They need to have a clean, safe home and enough money to care for a child. More important, the worker will try to learn a little about their attitudes about children, their maturity, and their reasons for wanting to adopt. Most agencies choose couples in their twenties and thirties, who have a healthy relationship. Some accept single parents, too, or older couples.

STORY CARD 6

Alicia is pregnant. She is thinking about letting her aunt and uncle adopt her baby. She doesn't plan to see a lawyer; this is just between her and her family.

FACT OR **FALLACY**? It is against the law to just let them raise the baby, without going to court.

ANSWER: That's a **FALLACY** ... It's not true.

FACT: Often a friend or family member will informally "adopt" a baby. It's perfectly legal.

Advantages?

1) The baby grows up knowing his or her family and culture.
2) The child may grow up feeling the love of many grown-ups.

Disadvantages?

1) The child may grow up watching the family fight over who's the "best" parent.
2) The child may not feel he or she really belongs with anyone.

STORY CARD 7

Elliot is a single man. He loves children and has always wanted to be a father. He is thinking about adopting a child. When he told his friends, they said he'd never be allowed to adopt. "Besides," one friend told him, "you teach school and you coach Little League. Isn't that enough?" For some people it would be; for Elliot it's not. He wants to be a Dad. Are his friends right?

FACT OR **FALLACY**? A single man probably cannot adopt.

ANSWER: That's a **FALLACY** ... an over-simplification.

FACT: Many families want healthy, Caucasian, American-born infants, so those birth parents get choices. It's not fair, but it's a fact that they probably won't choose Elliot. And there was a time when no agency would have considered him at all. But times are changing. Today, he has a great chance of becoming a Dad, if he's thinking about adopting:

- an older child or a child of color,
- a child born outside the United States,
- a child with physical or mental challenges,
- or a couple of brothers or sisters who need to stay together.

STORY CARD 8

Leah is fifteen. She was adopted when she was four days old and she knows very little about her birth parents. She loves her Mom and Dad (who adopted her), but she would like to meet her birth parents some day.

FACT OR **FALLACY**? Unlike Leah, most adoptees would rather not know about their birth families.

ANSWER: That's a **FALLACY** ... an over-generalization

FACT: Each person's different. Nineteen kids aged eight to sixteen were interviewed for the book How It Feels To Be Adopted. Some said they have met or would like to meet their birth parents; some don't really care if they do; and some say they don't want to. Most are (or were) at least curious about them. They are also regular people, who sometimes feel loved, embarrassed, proud, jealous. They all get angry at their parents sometimes, as every kid does, and at those times they may think, "You're not my real parents." When they aren't mad, though, most feel as if both sets of parents are "real". Some think about their adoptions a lot, especially at certain times; others say they hardly ever think about being adopted.

STORY CARD 9

Joe and Robin are expecting a baby. They're thinking about choosing adoption, but they don't want people telling them what to do, rushing them, or taking the baby away before they are ready. They want to take baby pictures and spend a few hours together as a family. They want to plan the whole thing their own way.

FACT OR **FALLACY**? They cannot see the baby after it is born if they choose adoption.

ANSWER: That's a **FALLACY** ... It's no longer true.

FACT: In the past, the birth parents were often not allowed to see the baby at all, or were discouraged from doing so. That made adoption even more painful for some people than it is today. Now, it is up to the woman or couple whether to see the baby. Some birth parents, like Joe and Robin, want to see, hold, and care for the baby (even to breastfeed), for a day or more. In their book **Mom, I'm Pregnant**, Witt and Michael say,

> *"Seeing your baby and holding him or her even for a little while can act as a 'sealer,' a reconfirmation that you made the right decision. Some [birth parents] feel that seeing the baby would make them change their minds. It might. But it may also calm any doubts or questions you had about the baby ... thereby bringing closure to your experience."*
>
> *"No one should force you to see the child if you do not want to. It's your decision to make as you think best. It's good to know, though, that you do have a choice in this very important matter."*

Joe and Robin may need to talk with many agencies or lawyers, and more than one hospital, before they find the one that's right for them and where their wishes will be respected.

FACT

FACT

FACT

FACT

FACT

FACT

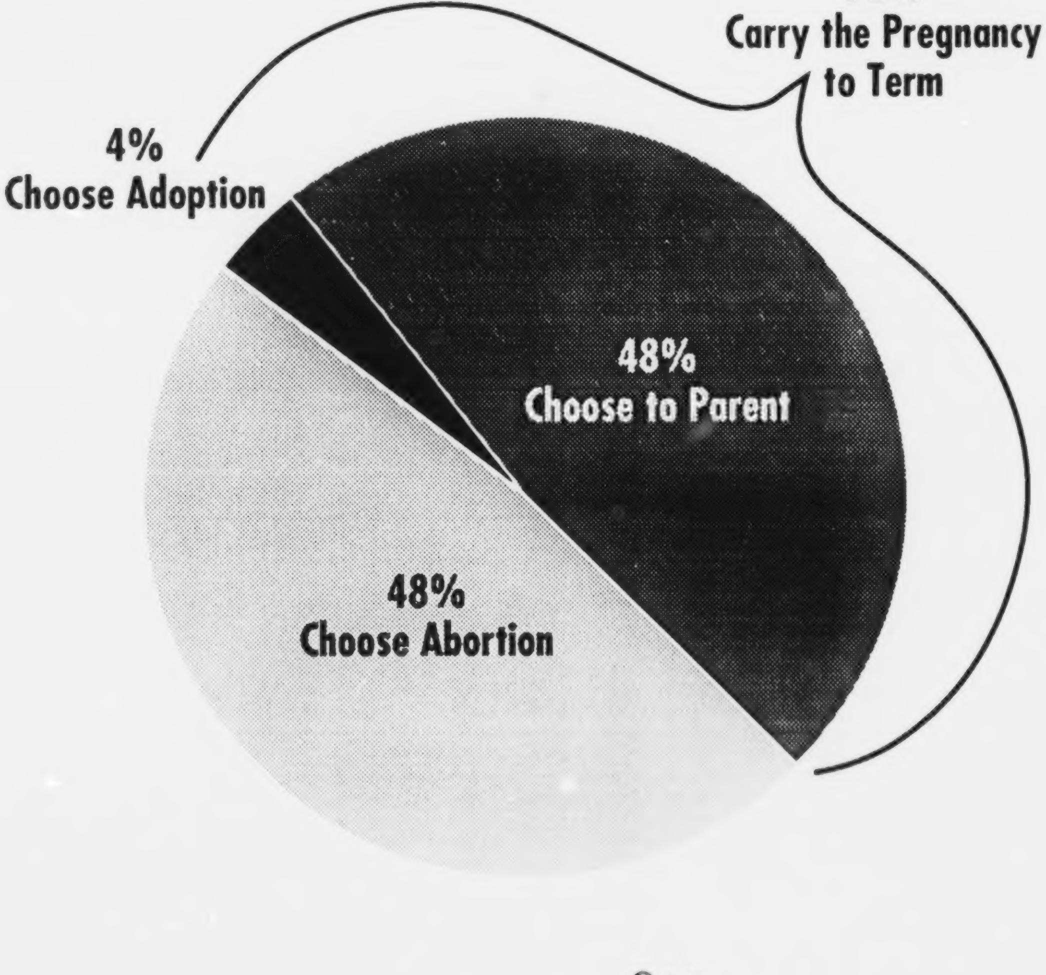
FACT	FALLACY
FACT	FALLACY
FACT	FALLACY
FALLACY	FALLACY
FALLACY	FALLACY
FALLACY	FALLACY

Adoption Game Sheet

- 1 - **CINDY**	**- 2 -** **ELIZABETH & JUDE**	**- 3 -** **JOHN & LARRISA**
- 4 - **SARAH & DAN**	**- 5 -** **KEITH &GINA**	**- 6 -** **ALICIA**
- 7 - **ELLIOT**	**- 8 -** **LEAH**	**- 9 -** **JOE & ROBIN**

Adoption Transparency

PREGNANCY CHOICES TEENS MAKE



Adoption Worksheet

NAME DATE CLASS PERIOD

WHAT'S THE DIFFERENCE BETWEEN ADOPTION AND FOSTER CARE?

Adoption is________________________. A baby or child becomes a legal, full-fledged member of his or her new family. He or she still has (and will always have)______________________ parents, but they have decided they can't provide the kind of parenting their child deserves. They've chosen someone else who they believe can parent well. Loving sometimes means letting go. Once an adoption is final, they cannot change their minds.

Foster care is **not** permanent. A foster family is supposed to be temporary, until the birth parents are able to take over parenting or until they decide finally on adoption.

WHAT'S THE DIFFERENCE BETWEEN "INDEPENDENT" AND "AGENCY" ADOPTION?

An "independent" adoption is arranged by a____________________ (sometimes with a doctor or clergy). This is legal in some states and, as Lewis and Lewis say in their **Parent's Guide to Teenage Sex and Pregnancy**, it may "appeal to [birth parents who are] allergic to bureaucracies and regulations." It may feel more personal than an agency. It is wise, though, for the birth parents to have their **own** lawyer (who doesn't represent the adoptive parents) and their own counselor. The other lawyer is responsible to do what is best for the adoptive family ... so he or she may not really be able to be objective in helping a birth mother or couple decide what is best for them and their baby.

An "agency" adoption is arranged by a state-approved private or public adoption agency. They often have many more families to choose from, and can screen them very carefully. They usually have______________________ who can discuss other options with a woman or couple, as well as adoption, taking care not to push one way or another. (Some adoption agencies will provide help with all options. Others oppose abortion, but can help with adoption, foster care or parenting.) Many agencies also provide emotional support to birth **and** adoptive parents **after** the adoption.

WHAT'S THE DIFFERENCE BETWEEN "OPEN" AND "TRADITIONAL" ADOPTION?

In a traditional or________________ adoption, all records are sealed. The birth parents **do** get to choose their baby's adoptive parents. They usually can't know the people's last name or address, but they can read letters the people have written about their feelings and hopes. They can choose an athletic family who like to camp, or parents with a sense of humor, or who value education or music. But what makes the adoption "traditional" is that the birth and adoptive parents don't communicate with one another. Some people prefer this kind of privacy.

Others prefer what is called "open" adoption. Each "open" adoption is a little different. In some open adoptions, the birth and adoptive parents meet or exchange____________________ and letters. Some even go to prenatal appointments together. Some have ongoing visits after the baby's birth. Usually, the birth parents write at least one letter to be shared with their child at a certain age.

WHAT A PREGNANT WOMAN OR COUPLE NEEDS TO KNOW ABOUT ADOPTION.

Suppose your friend tells you she is pregnant or your male friend says his girlfriend is pregnant.They are thinking about adoption. They ask you what you know about it, and what they should ask the doctor, lawyer or adoption counselor. What facts should they know? What questions should they ask?

WHAT IF THEY DISAGREE?

Suppose one of your friends wants adoption and his or her partner (also your friend) disagrees. What facts do they need to know? Where could they go for professional help?

WHAT I WOULD WANT TO ASK:

Suppose our class had a panel of teen and young adult birth parents (women and couples who made adoption plans for their babies). What would you want to ask them?

Suppose we had a panel of teens and young adults who were adopted. What would you want to ask them?

Suppose we had a panel of adoptive parents (people who have adopted one or more of their children). What would you want to ask them?

Adoption Information Checklist

If you are pregnant, or your partner is, and you're thinking about making an adoption plan, you may want to make a few phone calls. You want to find the right lawyer, counselor, or agency ... one you can trust and one that will respect your feelings and wishes.

Start by getting at least four names and phone numbers in your area. Look in the Yellow Pages, under "ADOPTION" or "PREGNANCY COUNSELING" or call one of these information lines:

- **Options for Pregnancy 1-800-732-1887 ... toll-free from anywhere in the United States**
- **National Committee for Adoption (202) 328-1200 ... Washington, D.C. (They accept collect calls.)**
- **Adoption Resource Center (206) 524-6020 ... Seattle, Washington**
- **National Adoption Information Clearinghouse (202) 842-1919 ... Washington, D.C.**

When you call, tell the person who answers the phone that you are a teen and that you want the local phone numbers of public and private adoption agencies and clinics which provide pregnancy counseling, in your area. Then call each place to gather information. They are not all the same. This checklist of questions may help:

1. Is your agency licensed? .... yes no
2. If I am unsure what I want to do, is there someone there with whom I can discuss my options? .... yes no
3. What is your philosophy about abortion? ______________________________
____
4. What is your philosophy about teen parents? ______________________________
____
5. Would someone talk with me/us about the pros and cons of adoption? .... yes no
6. Do you work with couples or families where there is disagreement about which option is best? .... yes no
7. Do you provide counseling for birth parents both before and after an adoption? .... yes no
8. How much time does a teen usually spend with a counselor? (You want plenty of time; no place that is going to rush you into a decision!) ______
____
____

9. Tell me how you screen/choose adoptive families? If I/we decided on adoption, and I/we wanted ... ______________________

____

____

If I/we decided on adoption, and I/we wanted...

10. Could we choose the adoptive family? .... yes no

11. Could I/we write letters or pictures that our child could see at age 18? .... yes no

12. Could I/we meet the adoptive family and/or exchange letters before the birth? .... yes no

13. Could I/we visit or exchange letters or pictures after the birth? .... yes no

14. Could I/we give you a letter for our file, inviting the child to contact me/us, if he or she ever chose to? .... yes no

15. Can you give my name to a couple of people who have placed babies through your agency, and have them call me? .... yes no

Or do you have a birth parents support group I could meet with? ________

____

____

16. How soon could I/we have an appointment? ______________________

____

____

17. Other questions you may want to ask might include:

Can you provide an interpreter in my language? .... yes no

Can you provide a sign-language interpreter? .... yes no

Can I bring a friend, partner or parent into the counseling session with me? .... yes no

What bus line serves your clinic or agency? ______________________

Is there parking available? .... yes no

If I need help reading the forms or filling them out, is there someone who can help? .... yes no

18. Add questions of your own, that you want to remember to ask: ________

____

____

____

____

(Use extra paper as needed.)

Family/Friend Homework Exercise "On Adoption"

DO NOT PUT YOUR NAME ON THIS PAGE.

Below are three questions about adoption and values. Read them and think about your own beliefs. For each one, circle the letter of the answer you most agree with, or write in your own answer. Talk them over with a family member or another trusted adult or with a close friend. Together, sign the homework confirmation slip at the end. Separate the slip from the exercise, so your name is not attached to your answers. Bring them both to class.

1. In my opinion, adoption is ...
   a. **never** the right choice, and it **should be against the law**.
   b. **rarely** the right choice, and it **should be against the law except** if a family member wishes to adopt the baby.
   c. **sometimes** the right choice, and **the law should make it easy to choose adoption**.
   d. ____
   ____
   ____
   ____
   ____
   ____

2. In my opinion, adoption is ...
   a. a **cruel** thing to do to a baby, almost a kind of abuse.
   b. an **unfair and risky** thing to do to a baby, like selling or abandoning him or her.
   c. a **caring** thing to do, if you really can't care for the baby ... but not as good for the baby, in most cases, as raising him or her yourself.
   d. a **loving** thing to do for a baby, if you can't provide the kind of parenting you think your baby deserves.
   e. ____
   ____
   ____
   ____
   ____
   ____

3. If someone I loved was making **adoption** plans for her baby ...

   a. I would know in my heart it was the **right choice** for her and I'd try to **support her 100%**.

   b. I might have **serious concerns**, depending on the situation, but I'd try not to show them. I'd try to **support her 100%**.

   c. I would believe in my heart it was the **wrong choice** for her, but I'd **support her the best I could** anyway.

   d. I would have **serious concerns** and I would feel it was my **moral duty to express them**. But I wouldn't try to stop her.

   e. I would know in my heart it was the **wrong choice** and I'd **try my best to stop her**.

   f. I would know in my heart it was the **wrong choice** and I'd **do anything I had to to stop her**.

   g. ____

   ____

   ____

   ____

Family/Friend Homework Exercise "On Adoption"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

The student should complete this two-page Exercise. A family member or another trusted adult or a close friend, boyfriend or girlfriend should also complete it. Then discuss your answers. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON ADOPTION", and discussed it with one another.

Date: ____________ ______________________________

student's signature

____

signature of family member or friend

Lesson Plan 10

Unplanned Pregnancy:

Parenting

Student Learning Objectives:

to be able to ...

1. Consider whether he/she might want to ever be a parent (biological or otherwise) and, if so, articulate at least three of his/her own criteria for the kind of parent he/she would like to be.
2. Articulate at least three of his/her own criteria for the kind of person he/she would like to find to be the other parent of his/her child(ren) ...if parenthood is in his/her future.
3. Recognize common stereotypes about fathers and describe the hurt they may cause (to all: the child, the father, and the mother).
4. List at least three concrete things a father can do to parent actively.
5. List at least three concrete things a mother can do to act as a father's ally in active parenting (given that society/friends/family will probably assume that the mother is the primary parent).

Materials Needed:

- PHOTOCOPIES

  One set of ...
    Parenting Transparencies 1 and 2

  One set per student of ...
    Parenting Plan Worksheet
    Family/Friend Homework Exercise: "On Parenting"

  Four or five sets per class of ...
    Caucus Worksheets

- VIDEO, Opening Doors *
- SIGNS posted around the perimeter of the classroom **

* *The video, "Opening Doors", is optional but excellent. See Appendices D and E for ordering information.*

** *Block numbers 1 through 6*

Time Needed:

One or two class periods

Agenda:

1. Explain the lesson's focus and relevance.
2. Use a focused writing exercise and discussion to help students begin to articulate their criteria for "good" parenting, and especially, fathering.
3. Use discussion, Transparency 1, and the lyrics of "Baby Needs a Parent" to explore the relationship between gender roles and parenting.
4. In six Caucuses (cooperative work groups), have students examine the role of fathers and consider how anti-father stereotyping and prejudice can be overcome. Have spokespeople report.
5. Assign homework and summarize the lesson.

ACTIVITIES:

1. Explain the focus of the lesson and its relevance to your students' lives:

   We've studied abortion and adoption. Today we're focusing on the third legal option in a pregnancy: parenthood. I realize that not everyone in the class will ever become a parent. Most of you will, and many of those who don't become biological parents, will find other ways to parent (step, foster, or adoptive parenting; being active aunts or uncles to the child of a brother or sister or close friend; teaching or working in a day care setting; etc.). **This lesson is for everyone who will ever love a child.**

   Many people think of raising children as a **mother's** *responsibility and role. You've seen TV shows and commercials that portray fathers as bumbling idiots. You've heard people disrespect single fathers, assuming that they all "split." You've probably been in the room when a friend or family member was holding a baby and the baby started to cry ... and even though both Mom and Dad were present, they automatically handed the crying baby to its Mom. You may have even seen women laugh at the awkwardness of their babies' fathers.*

   Everybody *gets hurt by those kinds of stereotyped assumptions:*

   - *Many kids wish they had more of a relationship with their Dads.*
   - *Many women feel overwhelmed with all the responsibility and wish their children's father(s) would be more actively involved.*
   - *Many men feel left out and angry. They hunger for more involvement with their children.*

   So this is a lesson about parents, but especially about fathers ...

   - *to help the men in the class think about whether they want to be fathers, and if so, the kind of fathers they would like to be (and practical tips about how to be that kind of father),*
   - *and to help the women in the class think about the kind of father they might like for their future children, if any (and concrete ideas about how to support his being that kind of Dad).*

2. Hand out the Parent Plan Worksheet. Allow four or five minutes for students to complete it.

   Write two headings on the blackboard: FATHERS and MOTHERS. Ask the men in the class to shout out their answers to questions 5, 8, or 9. Record their answers under the heading "FATHERS". Then ask the women in the class to shout out their answers to those same questions. Record them under the heading "MOTHERS".

3. Explore briefly the relationship between gender roles and parenting: Note any similarities and differences between their lists, without imposing value judgements on those similarities or differences. Put Parenting Transparency 1 on the screen as food for thought and/or discussion. Then share the lyrics of Peter Alsop's song "Baby Needs A Parent", either by reading them aloud, as a poem, or by playing that portion of his video "Opening Doors". *

Baby don't need no silver spoon,
Don't need no rub-a-dub-dub,
Well it's apparent that a baby needs a parent who,
Can give that baby some love.

Now every baby's got one mama,
And every baby's got one pop.
These days some babies live with one or the other,
Cause the parents get all split up.

Well if the baby's only got one person,
to guide that baby along,
Well you might think that's a one-sided baby,
But maybe you might be wrong.

Oooh, everybody says that a baby girl,
Needs to learn a woman's gentle touch;
And a boy needs a man to raise him,
And to show him how to be tough.

But you know a baby can grow up gentle,
when a gentle daddy takes good care,
And a baby can grow up strong and brave,
When a strong and brave mama is there.

Oh, baby don't need no silver spoon,
Don't need no rub-a-dub-dub,
Well it's apparent that a baby needs a parent who,
Can give that baby some love.

Now every baby's gotta have at least one person,
Who can be both gentle and strong.
Well if the mama and the daddy can both do that,
Then that baby's never gonna go wrong.

Oh, baby don't need no silver spoon,
Don't need no rub-a-dub-dub,
Well it's apparent that a baby needs a parent who,
Can give that baby some love.

Note that the remainder of the Worksheet is more personal and that you will not ask that people share it aloud. Encourage them to share it with friends and family later.

* Reprinted with permission, from the album/cassette "Uniforms" and the video "Opening Doors", by Peter Alsop. Copyright 1980, Moose School Music (BMI). Available through Moose School Records, PO Box 960, Topanga, CA 90290; 1–800–676–5480.

4. Save at least twenty-five minutes for this second part of the lesson. (A whole class period is ideal.) Have the class divide themselves into six "caucuses" or work groups, by putting Transparency 2 on the screen and pointing out that you have posted six numbers around the perimeter of the classroom.

   Acknowledge that people may fit into more than one of the caucuses listed on the Transparency. If they fit into more than one, they should choose whichever one they would like to represent today. If any one caucus has more than six members, you may want to divide them in half, so that each individual has more responsibility for the final product.

   Hand each caucus one copy of their Caucus Worksheet, to complete cooperatively. Allow about ten minutes for caucuses to complete their tasks and choose a spokesperson. This will allow fifteen minutes for the spokespeople to report.

   Some people may prefer to work individually on one of the Worksheets. In case they ask to do so, you will need a few extra copies. Provide them their own copies and respect their choice not to report back to the whole class afterwards.

5. Assign homework and make sure people realize that it is due tomorrow.

   Then close with clarification about the lesson's meaning:

   This lesson focused on fathering, because fathers deserve to parent and kids deserve their love. But it did **not** *mean to imply that a baby* **needs** *two parents to grow up emotionally healthy. Clearly, babies with two moms or two dads or with a single parent can be happy, healthy, well-adjusted people. It is just that, too often, our stereotypes and prejudices prevent fathers, especially those who live apart from their children, from actively participating in child-rearing. And everybody loses out.*

Parenting Transparency 1

"It is not a question of right
or wrong but of difference that
a mother seeing her small child on
the jungle gym is more likely to say
`Be careful!' while the father
may say, `Can you climb to the top?'
The mother who asks
`Where does it hurt?' is not wrong,
but neither is the father who says,
`You're okay, shake it off.'
Here is the point ...
Pity the boy or girl who does not
receive BOTH of these types of love."

David Blankenhorn
as quoted by William Raspberry

SIX CAUCUSES

1: People who have no fathers or who have never really known or spent time with their fathers ... and who wish they had had more of a relationship with them

2: People who have spent time with their fathers and feel they have a good relationship with them (father or step-father, foster father, etc.)

3: People who are tired of seeing fathers, especially teen and non-custodial fathers, stereotyped, discounted and disrespected

4: Guys who hope to be active fathers

5: Girls who hope to share parenting with an active father

6: Open to Anybody

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Parenting Plan Worksheet

NAME **DATE** **PERIOD**

1. Do you have any children yet? ______yes ______no
   (If "no" go to question 2; if "yes" just answer questions 5-7.)
2. Do you think that you ever would like to have a child? ______yes ______no
   (If "no" go to question 3; if "yes" skip to question 4.)
3. Why do you think you will not want children? List your reasons.
   (Then just answer question 8.)

4. Why do you think you will want children? List your reasons. (Then skip to question 9.)

5. What three words describe the kind of a parent you try to be?

6. What do you like best about being a parent?

7. What is the hardest thing about being a parent?

8. a. GUYS: What three words would you use to describe really wonderful fathers?

   b. GIRLS: What three words would you use to describe really wonderful mothers?

9. What three words describe the kind of parent you hope you will be?

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Caucus Worksheet

GROUP 1

1. We — the publishers of this curriculum — realize that many mothers do a fine job on their own or with the support of friends, family or a second mom. But, for some of you, not having an active father may have felt like a loss. There may have been disadvantages in not knowing or getting to spend time with your father. **What would you like to say to every man who becomes a father? Agree on a statement to future fathers. Write it here:**

2. One young father said, *"I can't live with her because I can't give her the money the state can, and then when I try to be with my daughter, it's like 'You don't know how to hold her: you're never around.' And you know, she's right."* * **What is his daughter missing? List, from your own experience and the lives of your friends, the possible costs or disadvantages to a child of not having an active father.**

* *Quoted by Kelly Riggle Hower in an unpublished paper entitled, "Sustaining a Culture for Families: Who Nurtures Our Children?", Antioch University, 1991.*

Caucus Worksheet

GROUP 2

1. Having an active father in your life means different things to different people. You all had one and had a good relationship with him. **What would you like to say to every man who becomes a father? Agree on a statement to future fathers. Write it here:**

2. In his book, **The Birth of a Father,*** Martin Greenberg says, to new fathers, "*The more varied and diverse your ways of sharing and being with your child, the more intense will be the relationship and the more fun it will be for both of you.*" *He gives this example, "Singing to your newborn is a unique way of sharing yourself. In reaching out to him with your voice, you are developing a particular way of relating to him. ... As you sing a special song to him, it will eventually become 'his song.' He will begin to associate the song with his father, and later ... he will [feel] loved and cared for when he hears his tune." Another example, "Being in touch ... means having conversations with her as well as feeding and diapering her."* **List, from your own experience and your imaginations, specific ideas for new fathers about how they can "be there" for their children. Include creative ideas for being actively involved with infants and also with older children and teens.**

* *Avon Books, NY, 1985.*

Caucus Worksheet

GROUP 3

1. Cecilia Worth says, in her book **The Birth of a Father,*** *"Fathers [are often] credited with only secondary status, their ideas and efforts dismissed."* She quotes one Dad who found that even doctors can have this attitude: *"Our pediatrician asked me to have my wife call if there were further questions during one illness. Needless to say, I made sure I called."* **What would you like to say to this doctor about his prejudices about fathers? Agree on a statement. Write it here:**

2. There is a poster that is supposed to discourage teenage women from getting pregnant. It shows a young man in a track suit holding a trophy, and reads *"If you think he runs fast now, just tell him you're pregnant."* Posters like these reinforce our *"cultural stereotypes [of] babies who are balls and chains, women who are victims and losers, and men who are creeps and deserters."* ** **What other stereotyped expectations of fathers are we taught by the media and our society? List as many as you can:**

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* *McGraw-Hill, NY, 1988.*

** *Kelly Riggle Hower, unpublished paper entitled, "Sustaining a Culture for Families: Who Nurtures Our Children?", Antioch University, 1991.*

Caucus Worksheet

GROUP 4

1. Sometimes a man's own feelings get in the way of his fathering. Cecilia Worth interviewed hundreds of men for her book **The Birth of a Father**.* One man, Seth, *"fully expected to help care for his baby, not simply pitching in to give his wife a break but in his own right as a father. But, like many fathers, he arrived home with a three-day-old baby ... [and] realized that what he didn't know about baby care suddenly seemed immeasurable. Doing everything right struck him as crucial. 'I was afraid of looking incompetent,' he explained."* **List the feelings and values a man might have that could get in the way of his parenting his children.**

2. Sometimes, it isn't a man's own feelings and values that stop him from actively parenting. It is other people's attitudes.
   a. His job doesn't allow him any time off when the baby is born, to get to know each other.
   b. The baby's mother grabs her away from the father the minute she starts to cry.
   c. The child's teacher calls the house to discuss a problem Johnny is having, and automatically asks to speak with Johnny's mother, even though Dad answered the phone.

   Choose one of these situations and agree on what you think he should do about it. Write your suggestion here:

* *McGraw-Hill, NY, 1988.*

Caucus Worksheet

GROUP 5

1. According to Martin Greenberg, author of The Birth of a Father,* *"many new fathers will not ... get involved with their newborn infants until they feel they have permission from [the babies' mothers]."* He says it's as if the new father is saying to the mother, *"You come first. It's your relationship with the baby that really counts."* Greenberg says that, if the Mom doesn't actively draw him into the circle (and maybe this is especially true if the couple isn't married and the father is a teen), the Dad *"is likely to continue hanging back, feeling unnecessary and unwanted."* Studies confirm Greenberg's observation. **What would you say to every new Mom about the baby's father? Agree on a statement and write it here:**

2. Greenberg asks the rhetorical question of new Mom's, *"How can you let [the baby's father] know that there is a space available for him?"* Two of Greenberg's answers: *"Any early opportunity that he has to hold, touch and carry the baby [is vital]. Simply say, 'Isn't she beautiful? She's so much fun to hold. Why don't you try?'"* and *"Above all, don't criticize."* **List below other ideas of ways that mothers, especially single mothers, can act as their children's fathers' allies. How, specifically, can a woman support his right to a relationship with the child and the child's right to a relationship with him?**

* *Avon Books, NY, 1985.*

Caucus Worksheet

GROUP 6

1. It's always difficult to be a new parent. It has to be even harder when it wasn't your choice. Suppose your best (male) friend didn't mean to start a pregnancy and knew that he wasn't ready to be a father. His girlfriend or wife got pregnant. He really wanted her to have an abortion or make an adoption plan, but she decided to raise the baby. Here he is, a new father, like it or not. He comes to you for advice, saying *"I believe that my child deserves an active father, but I just don't feel ready. What should I do?"* **Agree on what you will say to him. Or write down different people's ideas:**

2. Sol Gordon says, *"Love can afford to be blind only on the first day of it."* * Probably a lot of people wouldn't sleep with someone, if they thought first about the possibility that this person might end up being the mother or father of their child. **List the clues a person might have about what kind of parent their boyfriend or girlfriend might make:**

---

* ***The Teenage Survival Book**, Times Books, NY, 1981.*

Family/Friend Homework Exercise "On Parenthood"

Below are some questions about parenthood and your own feelings, goals and values. Read them and think about them. **Write your answers**. Then, **talk them over** with a family member or another trusted adult or with a close friend. Together, sign the homework confirmation slip at the end. Turn it in for credit.

1. If someone I loved was planning to have and raise a baby that she and her partner hadn't planned ... (circle one answer, or write your own)
    a. I would know in my heart it was the **right choice** for her no matter what her life circumstances and **I'd try to support her 100%.**
    b. I might have **concerns**, depending on her life circumstances and parenting skills, but **I'd try not to show them. I'd try to support her 100%.**
    c. Even if I believed in my heart it was the **wrong choice** in her situation, **I'd support her the best I could anyway.**
    d. If I had **serious concerns**, I would feel it was my **responsibility to express them.** But **I wouldn't try to stop her.**
    e. If I knew in my heart it was the **wrong choice**, **I'd try my best to stop her**.
    f. If I knew in my heart it was the **wrong choice**, **I'd do anything I had to to stop her.**
    g. ______________________________
    ____
    ____

2. What about your own life? Answer each of the following questions to begin your own "reproductive life plan":
    a. Do I want to have children? ____________
    b. If so, why? What makes me want to have a child(ren)?
    c. If not, am I the kind of person who will need to find other ways to nurture (take care of people or animals)?
    d. What kind of parent do I think I would be? What are my strengths and possible weaknesses as a parent?

e. If I do want children, how old would I like to be when my first is born? __________
How many would I like to have? ________

f. Do I think I will get married? __________ If so, why? What makes me want to marry? If not, would I want any long-term relationships?

g. If I had a child and I didn't live with the other parent (for whatever reason), would I still want to share parenting? __________ If not, would I want to be the one who did the parenting, or not? If we shared parenting, how do I imagine working it out?

3. If you were going to have a child, who would you choose to be the child's other parent? Suppose you got to interview people as potential parents of your future child. **For each question below, how would the "right" person would answer it?**

a. Do you ever feel as if having children would interfere with your plans or your enjoyment of life?

b. How much money do you earn? Would you want to work outside the home if we had a small child? If you would prefer to stay home, for how long? How would you feel about my working or staying home?

c. Do you enjoy infants? What kinds of things have you done with infants? cuddled? fed a baby? talked to them? What else?

d. Do you like spending time with toddlers and young children? What have you done with them? read aloud to them? answered their questions? played games? What else?

e. Do you like spending time with older kids and teens? What have you done with them? gone places together? joked and talked with preteens? taught them a new skill? What else?

f. What do you believe about religion, especially as far as kids are concerned?

g. Do children get on your nerves? How do you deal with noise, mess, and chaos?

h. How would you handle it, if you told a small child to do something and he or she did not obey right away?

i. What do you think is your greatest strength as a potential parent? Your biggest possible weakness?

Family/Friend Homework Exercise "On Parenthood"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

The student wrote his or her answers to this "Family/Friend Homework Exercise". We discussed them together.

Date: __________

____
student's signature

____
signature of family member or friend

Lesson Plan 11

Unplanned Pregnancy:
Pregnancy Options & Society

Student Learning Objectives:

to be able to ...

1. Recognize that there is a range of opinions on these issues and that others (even others who are thoughtful, well-meaning individuals) may hold opinions different from his/her own.
2. Articulate his or her own opinions about ethical issues surrounding abortion, adoption and parenting.

Materials Needed:

- PHOTOCOPIES

  One set of ...
    Pregnancy Options Transparencies 1-8

  One per student of ...
    Pregnancy Resource List *

  A few extra copies of ...
    Family/Friend Homework Exercises
    "On Abortion" (from lesson 8)
    "On Adoption" (from lesson 9)
    "On Parenting" (from lesson 10)
- INDEX CARDS (One per student)
- PENCILS (One per student)
- SIGNS posted in the four corners of the classroom **

* *If you live outside King County (WA) compile a local third page before photocopying. We have provided a master page and guidelines for those outside King County.*

** *in block letters, "STRONGLY AGREE", "AGREE", "DISAGREE" and "STRONGLY DISAGREE"*

Time Needed:

One class period

Agenda:

1. Explain the purpose of the lesson and what it is not intended to do.
2. Using the Transparencies, have people consider their own values on eight issues related to pregnancy options. Have them indicate their values on index cards (anonymously) and then articulate the values of someone in the class ... not necessarily their own values.
3. Invite discussion of the homework, while reminding people of their right not to share their personal opinions and their responsibility to protect the privacy of whomever they did the exercise with.
4. Use a drawing and/or poetry activity to give people a final opportunity for introspection (not to be collected). Hand out the Pregnancy Resource List.

ACTIVITIES:

1. Explain the purpose of today's lesson, and what it is not intended to do:

   "Today you will each have a chance to examine your own values about abortion, adoption and parenthood. You will also practice trying to explain why someone might believe differently from you. It will be crucial to respect our class' ground rules. (Remind the class what their ground rules are, if necessary.)

   *Today's class **is intended to make you think about your own beliefs** and really try to understand other people's. It **is not intended to change anyone's opinion or to impose any one person's opinion on others**.*

   Over the next ten years, many of you will become voters, parents, and jurors. Some of you will become doctors, nurses, researchers, teachers, legislators, and social workers. Your ability to express and explain your beliefs can make this world a better place. Your ability to respect other people despite their differing in opinion from you will also make a difference. It's time to rehearse."

2. Have everyone get out a pencil. (This way different colors of pen won't "give away" a person's identity; his or her confidentiality will be protected.) Hand out index cards and have people draw intersecting lines to divide them into quarters, like so: (Hold one up as an example)

   Have them number the quadrants 1-4, like so:

1	**2**
3	**4**

   Have them do the same on the back of the card, using the numbers 5-8:

5	**6**
7	**8**

Put Transparency 1 on the overhead, and ask someone to read it aloud. Have people to write in quadrant 1:

- "SD" if they strongly disagree with the statement,
- "D" if they tend to disagree,
- "A" if they tend to agree, or
- "SA" if they strongly agree with the statement.

They **must** choose one of the four options; "I don't have an opinion" is not acceptable for this exercise. Allow them a minute or so, to look back at their last three homework assignments, so they make a thoughtful choice. You will probably find it handy to have a few extra copies on hand, for those who forget to bring theirs back.

Repeat the process (above) with Transparencies 2 through 8.

Next, ask people to turn in their cards. Shuffle them and redistribute them, so that each student gets someone else's card.

Point out that you have posted signs in the four corners of the room: "Strongly Disagree", "Disagree", "Agree", and "Strongly Agree". Put Transparency 1 **back** on the screen and ask people to go to the corner of the room represented by the card they are now holding (to symbolize that opinion — not their own opinion necessarily, but rather the opinion of someone in the class). Ask people to think about why someone might hold the value they are now representing. Have volunteers from each group explain the reasoning a person might have, with as much sincerity and as respectful a tone as they can muster.

People may object to having to describe and explain an opinion with which they personally disagree. It will be important for you sympathize with their struggle and to defend the value of this process:

> *I know it may be **very** challenging and frustrating for some of you to have to defend an opinion you don't personally hold. I want you to bear with me, anyway. There is method to my madness. The point of the challenge is two-fold. First, as citizens of a democratic society, it is important that you be able to try to really comprehend others' values. Second, you will have an easier time articulating your own, once you have tried to see the logic and feel the emotions of those who disagree with you.*

Repeat the process with each of the eight transparencies, calling on different individuals to articulate a position each time.

3. Invite people to talk about what they learned in doing these three homework exercises, reminding them that they have a right **not** to share their own opinions and a responsibility not to divulge the values of the friend(s) or family member(s) with whom they did the exercise.

4. If there is time, ask people to write a poem or draw a picture about unplanned pregnancy, abortion, adoption or parenthood. It is not to be turned in, but rather to give them a final opportunity for introspection, an opportunity to address the issue with their right brains. Participation earns people credit, without your having to see their products.

   As students draw or write, hand out the Pregnancy Resource List and explain it. Point out that all the resources (books, counseling centers, clinics, hotlines, etc.) have been identified according to whether they consider themselves "pro-life", "pro-choice", etc. or exactly what services they do, and do not, offer.

   NOTE: Sides three and four are specific to the Seattle area. Thus, if you live outside King County (WA), you will make your own **local** third page in advance of the lesson. For help with this, contact your local United Way, Planned Parenthood, Catholic Community Services, County Health Department, etc. and/or look in the yellow pages under *pregnancy, social services, physicians (ob/gyn), abortion, adoption, family planning, and counseling.*

   Make sure to include programs which provide a variety of services and viewpoints ... and identify BOTH their services and their philosophy. For example, *"They support all options."* or *"Their focus is adoption, but they will refer for abortion." or "They oppose abortion."* or, for a large health maintenance organization for example, *"Their sensitivity varies."* Those which refuse to describe their services, limitations, and philosophy when you call, should either:

   - **not** be listed, since a consumer has a right to know these factors about a health care or social service agency, or
   - be listed with a warning that they didn't provide the information.

Pregnancy Options Transparency 1

"In my opinion,
a mother owes her child at
least half
of the necessities
(food, housing, etc.).

If she can't
afford that much,
she should choose abortion
or adoption, instead of
parenting."

Pregnancy Options Transparency 2

"I think adoption is wrong ... a cruel thing to do to a baby."

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Pregnancy Options Transparency 3

"I believe that abortion is never the right choice and that it should be against the law."

Pregnancy Options Transparency 4

" I think a baby deserves an active father; it is wrong for a man to just pay child support, and not spend time with his child."

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Pregnancy Options Transparency 5

"Suppose a couple get pregnant without intending to. And suppose the man wants her to have an abortion or to make an adoption plan. If she decides to parent, anyway, I don't think he should have to help."

Pregnancy Options Transparency 6

"In my opinion, you shouldn't be allowed to adopt a child if you are single; a child deserves two parents."

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Pregnancy Options Transparency 7

"I don't think a baby is human until it is born; abortion is never 'wrong'."

Pregnancy Options Transparency 8

"I think a man should have a legal right to be in on an abortion decision. If a couple disagrees a judge should decide."

Pregnancy Resource List

YOU MAY WANT TO TRY THESE BOOKS AND BOOKLETS:

Some of these may be available free at the Public Library or your high school library. Others are available in bookstores. For a couple of them, we have explained where else you might write for copies. Prices may have changed since this was written.

Abortion: A Guide to Making Ethical Choices **(pro-choice) ***
Authors: Maguire and Maguire, Approximate cost: $3.50. Available from:

Catholics For A Free Choice
2008 Seventeenth Street N.W.
Washington, D.C. 20009
(202) 638-1706

Or from your local Planned Parenthood Bookstore

Abortion: Questions and Answers **(pro-life) ***
Author: Wilke Approximate cost: $2.50, Available from:

National Right-to-Life Education Foundation
Suite 500 419 Seventh Street, N.W.
Washington, D.C. 20004
(202) 626-8800

Or from your local Human Life Office

Dear Birthmother **(pro-adoption) *** Authors: Silber and Speedlin

"Forgotten Fathers" **(pro-life) ***
20 cents at your local Human Life office or call (202) 626-8800

"If She is Pregnant: Men and Unplanned Pregnancy" **(pro-choice) ***
25 cents at your local Planned Parenthood bookstore or call (206) 339-3392

"The Adoption Option: Is It for You?" **(pro-adoption) ***
free at your local Public Health Family Planning Clinic or call (612) 944-0866

Mom, I'm Pregnant **(discusses all options)** Authors: Witt and Michael

* People who call themselves "pro-choice" usually support the right to choose any legal option, in accordance with one's own ethical beliefs. People who call themselves "pro-life" generally believe that abortion is always wrong, that it is killing. Those who consider themselves "pro-adoption" believe that adoption is often the most ethical choice.

***Pregnant Too Soon, Adoption is an Option* (discusses mostly adoption)**
Author: Lindsay

***Teenage Marriage: Coping with Reality* (discusses mostly teen marriage)**
Author: Lindsay

***Teens Parenting: The Challenge of Babies and Toddlers* (discusses raising the baby)** Author: Lindsay

***Under Eighteen and Pregnant* (discusses all options)**
Authors: Kramer and Willis

***Your Choice* (discusses all options)** Author: Hansen

SOME DAY YOU MAY NEED HELP WITH:

A. finding out whether you (or your wife or girlfiend) are pregnant

B. deciding what to do about a chance pregnancy (without people giving you advice or telling you what to do)

C. getting prenatal care

D. getting an abortion

E. placing a baby for adoption

F. arranging for foster care

G. getting financial help

H. arranging for a place to live if you can't live at home

I. maternity clothes, baby clothes, baby furniture, etc.

J. food for you during the pregnancy, formula

K. talking with your family about a pregnancy crisis

L. figuring out how to help a friend or family member through a pregnancy crisis, and afterwards

M. healing, emotionally, from a pregnancy crisis

N. understanding chance pregnancy

NOTE: The public health department and school district do not necessarily recommend any book or agency on this list.

BESIDES READING, YOU MAY FIND SOME AGENCIES HELPFUL:

The letters in parentheses tell you which things — from the services mentioned on the first page of this Resource List — each agency can help you with. Capital letters are for services they can provide directly. Lower case letters show things for which they can refer.

For MEDICAL HELP in the Seattle area:

Group Health Cooperative (A,B,C,D,K,N) **326-3000**

For members only. Their sensitivity may vary from doctor to doctor. Some plans cover abortion and/or prenatal care and delivery. A teen needs to ask whether her family's coverage includes those services.

Health Department Family Planning (A,B,C,d,e,f,G,J,N) **296-4772**

They support all options. They do pregnancy tests, provide prenatal care, and "WIC" coupons (free food for low-income women who are pregnant or who have recently given birth), and refer for abortion, adoption and other needs.

Planned Parenthood (A,B,c,D,e,f,G,h,K,L,M,N) **328-7700**

They do pregnancy tests and support all options. They can also help a couple or family communicate about the pregnancy. They provide abortions.

U.W. Adolescent Clinic (A,B,C,d,e,f,g,K,L,M,N).. **543-3453**

They help teens age 16 and younger with all options. They can provide prenatal care and delivery (at University Hospital).

Many family doctors and most "community clinics" can help with pregnancy testing and referral for all options. (e.g., **Aradia, Auburn, Bothell-Woodinville, Carolyn Downs, Country Doctor, Eastside, 45th Street, Georgetown, Highpoint, Holly Park, International District, Kent, Maple Valley, Millionaire's Club, Odessa Brown, Pike Market, Pioneer Square, Rainier Vista, Sea-Mar, Seattle Indian Health Board**).

This is a model copy of the Pregnancy Resource List, for use in King County (WA).

For COUNSELING and OTHER KINDS OF HELP in the Seattle area:

Children's Home Society (B,H,I,J,K,L,M,N) **524-6020**

They can provide housing for pregnant teens. They also provide a birth parent (post-adoption) support group.

Crisis Pregnancy Center (c,e,f,g,H,I,j) **367-2222**

They can provide urine pregnancy tests, but not pelvic exams (they don't have any medical staff), so we do not recommend them for pregnancy testing. They oppose abortion. They can help teens who have decided on other options.

Medina Children's Services (a,B,c,E,f,g,h,i,j,K,L,M,N) **324-9470**

Their focus is adoption and helping teens who plan to raise the baby. They provide counselors to the TAPP program, a Seattle Public School for pregnant and parenting teens.

Options for Pregnancy (a,c,E,f,g,h,i,j,k,L,M,N) **1-800-732-1887**

Their focus is adoption; they can help teens who plan to raise the baby, too. They don't refer for abortion. A counselor can meet the teen(s) at her/their home or someplace else they choose, so they don't have to go somewhere unfamiliar.

Sex Information Line (a,B,c,d,e,f,g,h,i,j,K,L,M,N) **328-7711**

They support all options. They provide information, counseling and referral.

University-YWCA (K,L,M) **632-4747**

They provide a post-abortion support group.

Also, most religious institutions provide pregnancy counseling and assistance with some options. (e.g., **Catholic Community Services, Lutheran Social Services, Jewish Family Services**... Call your own church, synagogue or mosque, if you belong to one.)

This is a model copy of the Pregnancy Resource List, for use in King County (WA).

BESIDES READING, YOU MAY FIND SOME AGENCIES HELPFUL:

1. For **MEDICAL HELP** in our area:

Many family doctors and most "community clinics" can help with pregnancy testing and referral for all options.

2. For **COUNSELING** and **OTHER KINDS OF HELP** in our area:

Also, most religious institutions provide pregnancy counseling and assistance with some options. (e.g., **Catholic Community Services, Lutheran Social Services, Jewish Family Services** ... Call **your own church, synagogue or mosque**, if you belong to one.)

This is a master copy of the Pregnancy Resource List, for use outside of King County (WA). List your local resources.

Lesson Plan 12

Contraception, Individuals & Society

Prerequisite Knowledge

(reviewed briefly in the lesson, but which may need remediation with some groups):

to be able to ...

1. Identify three of the eight most effective methods of contraception.
2. Describe how each method works (how it reduces pregnancy risk).
3. List at least three "things a person needs to know" to use each of the eight methods correctly.
4. Identify which methods carry serious medical risks, and recognize that all are safer than pregnancy and childbirth.
5. Recognize that many teens choose to abstain.

Student Learning Objectives:

to be able to ...

1. Articulate opinions (his or her own as well as those of others) about ethical issues surrounding contraception.
2. Recognize that others (even others who are thoughtful, well-meaning individuals) may hold differing opinions.

Materials Needed:

- PHOTOCOPIES

  One copy per student of ...
    Contraception Pretest
    Family/Friend Homework Exercise: "On Contraception"

  One set of ...
    Contraception Transparencies A-C and 1-5
- INDEX CARDS (One per student)
- PENCILS (One per student)
- SIGNS posted in the corners of the classroom (in block letters "a", "b", "c" and "d")

Time Needed:

One class period for just the "Articulating Beliefs Exercise"; two if you use the pretest as a teaching tool, first.

Agenda:

1. Use the Contraception Pretest to assess and review basic knowledge. Discuss and elaborate upon the answers, using Transparencies A-C and lecture notes.
2. Explain the purpose of the rest of the lesson, and what it is not intended to do.
3. Conduct an "Articulating Beliefs Exercise", using Transparencies 1-5. People will consider their values regarding contraception. As in the Pregnancy Options lesson, they will practice articulating the values of someone in the class ... not necessarily their own values.
4. Debrief the Exercise and summarize the lesson.
5. Assign homework.

ACTIVITIES:

1. You may have administered the Contraception Pretest on the first day of the unit, as a needs assessment. Or you may have simply assumed the class would need basic contraception information, and taught lessons 20-23 from **9/10 FLASH**. If you have done neither of these, go ahead and administer the Contraception Pretest now.

Have people use pencil so they can correct and expand upon their answers later. After people have had eight or ten minutes to complete it, discuss the answers, using the test as a teaching tool. We suggest that you have people put a check mark next to each question they answered correctly ... but also have them **change** any they answered **incorrectly**, so that the final version is 100% accurate. (Tell them you will give participation points only to those who correct their papers so that they are 100% accurate. The idea is for everyone to end up with an accurate test to refer back to in the future.)

Below are correct answers to the Pretest with explanations (lecture notes). This will be largely a review and update for many classes, so do not dwell on these explanations, except for items that many people miss, or where you see puzzled expressions on people's faces.

1. Which kinds of birth control work 100% of the time?

   c. **only abstinence**

   Note, especially, that **abstinence** is only 100% effective when it is used consistently and when it means not just abstaining from vaginal intercourse, but also avoiding any chance of ejaculation on the labia.

   Sterilization is about 99.6-99.9% effective. That means if one person has had his or her tubes tied, they have only a 4 in 1,000 (1 in 250) chance, or less, of becoming pregnant in a year's time. But that is still **some** chance.

   The **Pill** is about 97% effective among typical users (more effective if used perfectly — never forgotten, etc. — but few people use any method perfectly). The typical effectiveness rate for first-time pill users under age 22 is about 95%. That means if a **young** woman uses the Pill, the couple has about a five percent (five out of 100) chance of starting a pregnancy in a year's time. But that is still **some** chance.

2. Condoms prevent pregnancy at least 88% of the time.

   a. **true**

   Of course, when they are used correctly and with every act of intercourse, they are around **98%** effective, especially when used with a spermicide (foam, sponge, gel, film or a birth control suppository). But 88% effectiveness rate for "typical users" still means only a 12% chance of pregnancy in a year. If the couple **didn't** use a condom, or any other birth control, they would have about an 85 or 90% chance of starting a pregnancy within a year, instead of only 12%!

3. Of the following kinds of birth control, which one is the **most** effective?

   a. **the pill**

   Use Transparencies A and B to help students visualize the rates. Numbers, especially percentages, are difficult to grasp aurally.

   Mention that the **pill** is slightly less effective than the chart indicates when used by typical **teens** (about 95% effective over a year, as we've indicated above), but that its effectiveness rate can be as high as **99.9%** if used perfectly.

   Point out that all these rates refer to a year's use. Every method would be much more effective on a **per act** of intercourse basis. For instance, the actual effectiveness of a **condom** per act of intercourse, in preventing pregnancy, is about **99.962%** ... because condoms tear about once per 100 acts of vaginal intercourse,* and pregnancy results about once per 26 occasions of torn condoms.** They are even less likely to tear when used with a spermicide or other lubricant, or when there is sufficient natural lubrication.

   Explain that the effectiveness of **fertility awareness** depends upon how ovulation is determined and whether the couple has sex in the beginning **and** end of the cycle (until 5 days or so before ovulation, as well as after ovulation) or only at the end (after ovulation).

4. Of the following kinds of birth control, which one is the least effective?

   c. **a diaphragm**

   See Transparencies A and B.

5. Using withdrawal is safer than using no birth control at all.

   a. **true, this is about as effective as a diaphragm**

   True, typically about 82% effective. People tend to understate the effectiveness of withdrawal and overstate the effectiveness of the diaphragm. The truth is, withdrawal **is** rather ineffective in preventing STDs, and, for that reason, should not be relied upon. But as birth control, it is far better than no method.

6. Using two methods (like condom and a sponge at the same time) is very effective.

   a. **true, this is almost as effective as the Pill**

   Condoms and spermicide are an effective combination, not only as birth control, but also to reduce the risk of STDs.

7. What is the main way birth control pills work?

   b. **They prevent the ovary from releasing an egg.**

   Most birth control pills contain both estrogen and progesterone. They prevent ovulation. They also cause the cervical fluid to thicken, as it would during pregnancy, which may block some sperm, but this isn't their main function.

---

* Albert, Alexa; Robert Hatcher and William Graves; "Condom Use and Breakage Among Women in a Municipal Hospital Fmily Planning Clinic," **Contraception**, February 1991 (43:2)

** Hatcher, Robert et al, **Contraceptive Technology 1990–1992**, 1990.

8. What is the main way the sponge works?

   c. **It kills the sperm.**

   The sponge releases spermicidal foam. This is its main function, although it may also interfere with the travel of some sperm.

9. What does a person have to know to use an IUD correctly?

   a. **Check the string once a month.**

   Only a doctor or nurse practitioner should insert or remove an IUD. The IUD is replaced once every one to eight years. For the first four months, a couple probably ought to use a back-up method (such as condoms). After that, all they need to do to use the method correctly is to feel for the string. (If it gets longer, shorter or disappears, she should return to the doctor.)

   You might mention that most doctors advise teens to use some other method, however, besides an IUD. This is because few teens are in long-term (several year?) monogamous relationships where the STD risk is low.

10. What does a person have to know to use a condom correctly?

    b. **Check the date on the package to make sure it hasn't expired.**

    See lesson 13 (HIV Update) for a list of all that a couple needs to know to use condoms correctly. But, of these multiple choices, only "b" is correct. The condom must be put on the penis before there is any genital, oral or anal contact whatsoever, **not** waiting until just before ejaculation.

11. Fertility Awareness means figuring out when the woman ovulates (releases an egg) and not having intercourse (or using another method):

    b. **before and during that time.**

    A couple must abstain (or use a condom, for example), starting at least five days **prior** to ovulation ... because sperm can survive in the cervical crypts for that long. Then, once the woman ovulates, and for at least 24 hours afterwards, the ovum is present in the tube. So, couples using this method for birth control need to abstain for at least a week every month. Some abstain longer, for the whole first half of the cycle, until after ovulation, to be even more careful.

    Abstaining during one's period does **not** prevent pregnancy, despite the mythology to that effect. The only way to calculate "safer" times of the month is to take a class, or read a book and consult with one's doctor or nurse practitioner. There, a person or a couple can learn how to chart "basal body temperature", "cervical mucus" and other indicators of ovulation. Guessing doesn't work. Besides, even if guessing **did** work, you'd have it backwards if you abstained only during menses. The point is to abstain before and during **ovulation**, not **menstruation**.

12. Foam should be put in the vagina:

    a. **up to 15 minutes before intercourse**

    Foam only stays foamy for about 15 minutes. After that, it starts to melt and is no longer covering the cervix, where it needs to be. So if intercourse lasts longer than 15 minutes, a couple needs to use another applicatorful of foam. It need not be an interruption; it can be a part of their lovemaking.

    The **sponge** is the method that can be inserted up to 24 hours ahead of time.

13. A woman should take her birth control pills:

    b. **every day at the same time of day**

    This keeps the level of hormones relatively constant, so that ovulation will be prevented. It also helps her remember to take them.

14. Which has the **highest** mortality rate (risk of death)?

    c. **giving birth**

    Show Transparency C, to illustrate relative risks.

15. Which has the **least** health risk?

    a. **condom and foam (using both at once)**

    Condom and foam carry **almost** no risk whatsoever. The only risk is the slight chance of pregnancy (which carries its own risks) or of an STD (again, very slight with this combination of two methods).

    The suppository (without a condom) carries a much higher risk of both pregnancy and STDs, although it carries no risk in and of itself.

    The IUD carries those same two risks, pregnancy and STDs, and some additional risks, as well. Inserting it carries a slight risk of injury to the cervix or uterus. If a woman does become pregnant with an IUD in place, she has a higher than normal risk of miscarriage. But the main risk is this: if she happens to catch an STD with an IUD in place, it is more likely to travel to the tubes (becoming PID), where it can do serious damage.

16. Women who have had more than one sex partner in the last couple of years, or who think they might in the next couple of years, should probably **not** use the IUD.

    a. **true**

    People who change partners "frequently" (a relative term, of course — but by this standard it includes many teens) are at greater risk of catching STDs. Of course, even someone who is married and monogamous **could** catch an STD, if his or her partner had one prior to their marriage or if either **partner** was not monogamous. But the bottom line is, the greater a woman's chances of catching an STD, the less safe it is for her to have an IUD.

17. Who should probably **not** use the pill?

    a. **women over age 35 who smoke**

    As Transparency C indicates, the average excess mortality rate for smokers who take oral contraceptives is 1 in 16,000. However, the risk for a smoker rises dramatically after age 35, to **1 in 7,000**. Most doctors and nurse practitioners will not prescribe birth control pills for a smoker of this age.

    There is no evidence that women under age 20 are at any higher risk than older women, with the pill. Of course, it is safer to wait until one is an adult to have intercourse. But for young people who are having intercourse, even those who have been menstruating less than a year, the pill is safer than a pregnancy.

    Unlike the IUD, the pill does not increase the risk from STDs. In fact, it may slightly **reduce** the risk of an STD becoming PID. So, the pill is not any less safe for a woman with more than one partner than not using any birth control. Of course, for disease protction, women with more than one partner (or whose partner[s] have/have had sex with others) may with to consider using condoms **and** pills.

18. Who can buy condoms?

d. **any one**

In Washington (and many other states ... if you are in another state, answer this in accordance with your own state's law), **there is no age limit for the purchase of any form of contraceptives.** Some kinds, of course, require a prescription. A condom or spermicide doesn't. But, even for prescription methods, most doctors do not insist that a teen involve his or her parents, if the teen feels that he or she can't. They should **encourage** discussing it with one's family, but they don't require it ... at places like the Public Health Department, Planned Parenthood, Group Health, and community clinics (as well as some private doctors).

19. About what percentage of 17-year-olds in the United States have **not** yet had sexual intercourse?

b. **47% of girls and 39% of guys**

So nearly **four or five out of every ten** have so far chosen **not** to have sexual intercourse, and have not been forced. And some of those who **have** ever had intercourse, had it once (or in one relationship), and have since decided not to. The message: **not** everyone is "doing it".

20. People sometimes get pregnant the first time they have sexual intercourse.

a. **true**

The notion that this is impossible is simply a myth. Even before her first menstrual period, a girl might have ovulated, and might be able to get pregnant.

2. Explain the purpose of the rest of today's lesson, and what it is **not** intended to do:

"For the rest of this period, you will each have a chance to examine your own beliefs (values, ethics) about contraception. You will also get to hear some of other peoples' opinions. You will have an opportunity to explain and defend various opinions ... including some with which you may disagree. How do you explain an opinion you don't happen to share? You try to get into the shoes of the person who holds that opinion. It may not be easy. But you can do it.

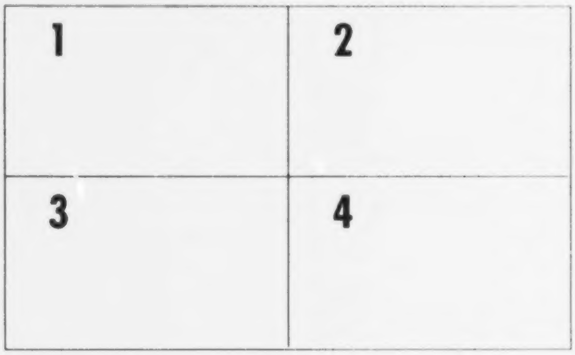
Today's class ***is intended to challenge each of you think*** *about your own beliefs. It is also intended to help you appreciate that intelligent people of conscience sometimes have opposing beliefs. The fact that two people disagree does* ***not*** *prove that one must be stupid or mean-spirited. This lesson* ***is not intended to change anyone's opinion about birth control or to impose any one person's opinion on others.***

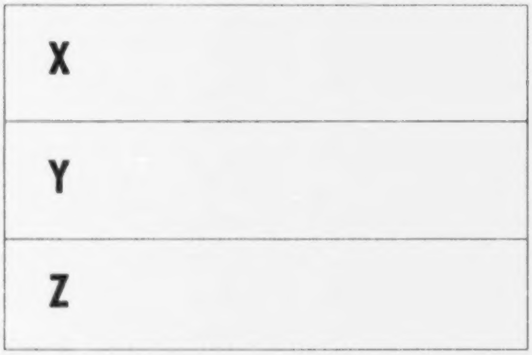
Over the next ten years, many of you will become voters, parents, and jurors. Some of you will become doctors, nurses, researchers, teachers, legislators, social workers, supervisors and landlords. Your ability to express and explain your beliefs can make this world a better place. Your ability to understand that others who disagree may have heartfelt, carefully thought-out opinions will make a difference.

Before we begin, I want to ask people to remember our class' ground rules. (Remind the class what their ground rules are, if necessary.)

3. Conduct the "Articulating Beliefs Exercise", as follows:

   - Provide each person an index card.
   - Ask them to divide the first side into four quadrants, and number them 1 through 4.





   - People should divide the other side into thirds, and label them x, y, and z.
   - They should **not** put their names on the card.
   - One at a time, put Transparencies 1 through 5 on the screen and have people fill in their answers.
   - Then collect the cards, shuffle them, and redistribute them, so that everyone ends up with a card that is probably not his or her own.

If you did not use lesson 11, where a similar exercise was employed, prepare the class to explain someone **else's** beliefs:

> *You each have a card in your hand with which you may or may not agree. I will not put you on the spot to express your* ***own*** *beliefs at all. Just as you did in the Pregnancy Options lesson, you will have to try to articulate* ***someone's*** *beliefs. These may be values you share, and they may be ones with which you personally disagree. In any case, your job is to explain and defend them, whether or not you truly agree with them.*

You will have posted signs saying "a", "b", "c" and "d". Put **Transparency 1** on the screen and read it aloud. Ask people to go to the corner of the room represented by their card's answer to Question One.

Now that the class is standing in three groups, have them discuss **within** their groups why a person might have the opinion on their card. After they have had a minute or so for intra-group interaction, ask a few individuals in each group to explain the position they are representing. You can pose a few challenging questions. (Remind students to speak as if they actually believed what their card says, if they can do this respectfully. However, it is better for them to respond in the third person ["A person might believe this because ..."] than to role play in a disdainful tone.) You might ask these sorts of questions, to get each group talking:

> *Those in group "a", can you explain to us why some people believe that all methods are wrong? (**Remember, you are not necessarily telling us your own real belief. You are speaking as if you held the value written on your card.**) If this were your belief, what would you say if a woman's life would be endangered by a pregnancy? What should she do? Just risk it?*
>
> *Those in group "b", what methods might a person find immoral? What about those methods would they consider unacceptable?*
>
> *Those in group "c", tell us what difference a person might feel that marriage made. How would someone who holds this belief defend the right of a married couple to use any form of birth control? Does that mean the federal government should stop regulating what goes on the market? Why or why not?*
>
> *Those in group "d", whose card expresses support for all methods, in all circumstances, tell us why a person might believe this? If you were the government, would **you** then drop **all** regulations of birth control, then? What kinds of regulations would you have?*

Continue the process with Transparencies 2 through 5.

For **Transparency 2**, consider these questions:

- What if a couple has been married for a year and he has tried condoms and hated them? What would group "a" say?
- What if the man is the one who really doesn't want a pregnancy? What would group "b" say to this?
- Suppose she has a medical reason not to use a certain method? Group "a"?
- What if it's a prostitute and a customer? Group "c"?
- What if it's a young couple who don't know one another well enough to talk about contraception? Group "c"?
- Suppose they are both retarded or have severe physical limitations and they have decided they would be unable to care for a baby? Group "d"?

For **Transparency 3**, possible discussion questions include:

- *What if the person who wants the operation already has children by a previous relationship, but his or her partner does not? Does that make any difference Group "a"?*
- *Group "a", if a person doesn't have a legal right to forbid his or her husband or wife from being sterilized, should the law at least require that he or she be notified before the operation? Why or why not?*
- *What if he is abusive, Group "b"?*
- *What if the person who wants the operation is afraid that he or she would abuse a child? Is that not reason enough to decide, even without the partner's permission, Group "c"?*
- *If sterilization were illegal, Group "d", would a person go to jail for having the operation? Would the doctor who performed it go to jail?*

For **Transparency 4**, possible discussion questions include:

- *Group "a", what would you say to the minor who is having sex, then?*
- *What if the child is being sexually abused by a parent? Group "b"?*
- *Group "c", if doctors and pharmacists began to notify parents of their teens' decision to get birth control ... what would you like to see happen, in those families when the letter comes in the mail?*
- *Group "d", would it make a difference if the minor was 12 years old? If you think it's best for the 12 year old to talk with his or her parents, but you don't want to require it, imagine you are the doctor ... how will you make it easier for this child to talk with his or her family?*

For **Transparency 5**, have people sit back down and share what was written on their cards. Encourage discussion.

4. Invite discussion about the entire Exercise. Elicit students' comments about how it felt to have to explain an opinion they might not have agreed with. Ask when that skill might come in handy. Here are some possible answers to contribute, if students don't think of them:

   ... when you want another person to realize that you understand and appreciate his or her opinion, even though you disagree.

   ... when you are looking for what the two of you might have in common.

   ... as a way to remind yourself that other people (including smart, caring, thoughtful individuals) may disagree with you.

   The key concept to emphasize is that people can disagree and still live side-by-side, with respect and appreciation for their differences, in a democratic society.

5. Assign the Family/Friend Homework Exercise: "On Contraception".

Contraception Pretest

NAME DATE PERIOD

Mark the best answer for each question. Use pencil, so you can correct your answers later.

1. Which kinds of birth control work **100%** of the time?

    _____ a. the pill, sterilization (getting your tubes tied) and abstinence (not having intercourse)

    _____ b. only sterilization and abstinence

    _____ c. only abstinence

2. Condoms prevent pregnancy at least **88%** of the time.

    _____ a. true

    _____ b. false

3. Of the following kinds of birth control, which one is the **most effective**?

    _____ a. the pill

    _____ b. the condom

    _____ c. fertility awareness ("natural family planning")

4. Of the following kinds of birth control, which one is the **least** effective?

    _____ a. condom and foam together

    _____ b. condom without foam

    _____ c. a diaphragm

5. Using withdrawal (the guy pulling out before he ejaculates, before he "comes") is safer than using no birth control at all (that is, it's **better than nothing** for preventing pregnancy).

    _____ a. true, withdrawal is about as effective as a diaphragm

    _____ b. true, but it is only **slightly** better than not using anything

    _____ c. false, you might as well not use anything

6. Using two methods (like condom and foam at the same time) is **very effective**.

    _____ a. true, this is almost as effective as the pill

    _____ b. false, this is only about as effective as a condom by itself

    _____ c. false, this is less effective than a condom by itself

7. What is the main way **birth control pills** work?
   - _____a. They block the sperm from the egg.
   - _____b. They prevent the ovary from releasing an egg.
   - _____c. They kill the sperm.
8. What is the main way **the sponge** works?
   - _____a. It blocks the sperm from the egg.
   - _____b. It prevents the ovary from releasing an egg.
   - _____c. It kills the sperm.
9. What does a person have to know to **use an IUD correctly**?
   - _____a. Check the string once a month.
   - _____b. Put it in and take it out every time you have sex.
   - _____c. Take one every day.
10. What does a person have to know to **use a condom correctly**?
    - _____a. Put it on just before you ejaculate ("come").
    - _____b. Check the date on the package to make sure it hasn't expired.
    - _____c. Take one every day.
11. Fertility Awareness means figuring out when the woman ovulates (releases an egg) and **not** having intercourse (or using another method) ...
    - _____a. after that time.
    - _____b. before and during that time.
    - _____c. during your period.
12. **Foam** should be put in the vagina ...
    - _____a. up to 15 minutes before intercourse
    - _____b. up to 24 hours before intercourse
    - _____c. as soon as you are done having intercourse
13. A woman should take her **birth control pills** ...
    - _____a. on the day she plans to have intercourse
    - _____b. every day at the same time of day
    - _____c. at least once a month
14. Which of the following has the **highest mortality rate** (risk of death)?
    - _____a. the pill
    - _____b. sterilization (getting your tubes tied)
    - _____c. giving birth

15. Which of the following has the **least** health risk?

_____a. condom and foam (using both at once)

_____b. the IUD

_____c. birth control suppositories

16. Women who have had more than one sex partner in the last couple of years, or who think they might in the next couple of years, should probably not **use** the IUD.

_____a. true

_____b. false

17. Who should probably **not** use the **pill**?

_____a. women over age 35 who smoke

_____b. women under age 20

_____c. women who have had more than one sex partner in the last couple of years

18. Who can buy condoms?

_____a. only people over age 18

_____b. only people with a prescription

_____c. people under age 18 who have a note from their parents

_____d. any one

19. What percentage of **17-year-olds** in the United States have **not** yet had sexual intercourse? Guess.

_____a. 88% of girls and 76% of guys are virgins ... the majority

_____b. 47% of girls and 39% of guys are virgins ... almost half

_____c. 29% of girls and 21% of guys are virgins ... about one-fourth

_____d. very few ... less than 5% of 17-year-olds are virgins, male or female

20. People sometimes get pregnant the first time they have sexual intercourse.

_____a. true

_____b. false

NUMBER OF ANSWERS THAT WERE CORRECT TO BEGIN WITH

(before you corrected them): ______________

(Please be honest. This won't affect your grade. I just need to know for lesson planning.)

Family/Friend Homework Exercise "On Contraception"

Below are six sets of questions about the ethics (right and wrong) of birth control. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Practice really trying to understand the other person's point of view. Then, together, sign the homework confirmation slip, below. Return it for credit.

1. Some people believe that using birth control is wrong. Are there any kinds you think are wrong (sinful, unethical), even for married people? Why or why not? If you said yes, which kinds? Is it wrong, in your opinion, for single people to use birth control (besides abstinence)? Why or why not?
2. In a heterosexual couple, who should be responsible for using birth control? The man, the woman or both? Why? What if only one of them feels strongly about preventing a pregnancy?
3. In your opinion, should a married person be allowed by law to get sterilized without his or her partner's consent? Why or why not?
4. Minors can get birth control without their parents' consent. Do you agree or disagree with the law that allows this? Why or why not? If you agree with the law, would you at least encourage teens to consult with their families? How? If you disagree with the law, how would you provide for the teen of abusive parents or the teen who lives alone and supports him or herself?
5. How do you think you would you feel if you were a parent whose teen told you he or she needed birth control? What would you say? What would you do? Would the teen's gender (male or female) make a difference? Would the teen's age matter? The kind of romantic relationship the teen had, if any?
6. If your child didn't tell you, would you want the doctor or drug store to provide your child with birth control anyway? Why or why not?

Family/Friend Homework Exercise "On Contraception"

CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON CONTRACEPTION", above, and discussed it with one another.

Date: __________

student's signature

signature of family member or friend

Contraception Transparency A:

Effectiveness Rates*

Over One Year's Use

Eight Most Effective Methods	**TYPICAL** USERS	**THERORETICAL** (PERFECT) USERS
Abstinence	**?**	**- 100%**
Implant (such as Norplant)	**99.96**	**- 99.96%**
Male Sterilization (vasectomy)	**99.85**	**- 99.9%**
Shot (such as Depo Provera)	**99.7**	**- 99.7%**
Female Sterilization (tubal ligation)	**99.6**	**- 99.8%**
Pill (combined hormones)	**97**	**- 99.9%**
Intra-uterine Device (such as "Copper T" I.U.D.)	**97**	**- 99.2%**
Condom with Spermicide (used together)	**95**	- 99% **

* from **Contraceptive Technology 1990-1992**, Hatcher, et al

** our best guess; no studies available

Contraception Transparency B:

Effectiveness Rates*

Over One Year's Use

Seven Other Methods	TYPICAL USERS		THERORETICAL (PERFECT) USERS
Condom (used by itself)	88	-	98%
Withdrawal	82	-	96%
Diaphragm or Cervical Cap with Spermicide (always used with spermicidal cream or gel)	82	-	94%
Sponge (used by a woman who has never been pregnant)	82	-	94%
Fertility Awareness (abstaining around time of ovulation, using sympto-thermal method)	80	-	98%
Spermicide (used by itself; foam, film, cream, gel or suppository)	79	-	97%
Sponge (used by a woman who has had a pregnancy)	72	-	91%

* from **Contraceptive Technology 1990-1992**, Hatcher, et al

Contraception Transparency C:

Mortality Rates*

Starting with the Least Safe Behavior

Behavior	Risk of Death in One Year
Motorcycling	1 in 1,000
Driving a Car	1 in 6,000
Giving Birth	1 in 14,300
Taking Birth Control Pills, Smoker	1 in 16,000
Taking Birth Control Pills, Non-smoker	1 in 63,000
Having Your Tubes Tied (undergoing sterilization):	
Female (tubal ligation)	1 in 67,000
Male (vasectomy)	1 in 300,000

* from **Contraceptive Technology 1990-1992**, Hatcher, et al

Contraception Transparency 1

a. I believe that it's morally wrong to use any form of birth control, even abstinence, if you are married.

b. I believe that some forms of birth control are immoral, even for married couples.

c. I would not call any form of birth control "wrong" or "immoral", as long as the couple is married.

d. I would not call any form of birth control "wrong" or "immoral", regardless of whether the couple is married.

Contraception Transparency 2

**a. I believe that,
in a heterosexual couple,
birth control is the man's
responsibility.**

**b. I believe that,
in a heterosexual couple,
birth control is the woman's
responsibility.**

**c. In my opinion,
both people should take
responsibility for birth control.**

**d. I believe that
birth control is wrong;
neither person should
"take responsibility" for it.**

Contraception Transparency 3

The law allows a married person to be sterilized without his or her spouse's consent.

a. I agree with this law; no one should have to get a spouse's permission.

b. I think the law should be changed; a man should be allowed to veto his wife's decision to have her tubes tied.

c. I think the law should be changed; either spouse should be allowed to veto his or her spouse's decision.

d. I think the law should be changed; sterilization should be illegal.

Contraception Transparency 4

The law allows a minor to get birth control without his or her parents' consent.

a. I think the law should be changed; minors should not be allowed to obtain birth control, even with a parent's permission.

b. I think the law should be changed; parents should have the legal right to say "no".

c. In my opinion, parents should at least have the legal right to be notified, if not to veto the decision.

d. I agree with the law; there should be no age limit on the legal right to privacy.

Contraception Transparency 5

Finish all three sentences:

If I ever become a parent,

x. I hope my children will wait to be married until ...

y. I hope my children will wait to have sexual intercourse until ...

z. I hope my children will wait to have children of their own until ...

Lesson Plan 13

HIV & AIDS:

HIV/AIDS Update, Focus on Testing

Prerequisite Knowledge

(reviewed briefly in the lesson, but which may need remediation)

to be able to ...

1. Define and distinguish between HIV and AIDS.
2. Explain how HIV is and is not transmitted.
3. Describe at least three ways to prevent, or to reduce the risk of, transmission of HIV.
4. Recognize that the asymptomatic HIV-positive individual is contagious.

Student Learning Objective:

to be able to ...

1. Describe Categories A-C of HIV disease and at least three conditions diagnostic of AIDS, itself.
2. Distinguish among facts and myths about the HIV antibody test.
3. Distinguish among "no-risk", "risk" and "highest-risk" behaviors and recognize that persons at no risk need not get themselves tested.
4. Explain at least three reasons a person at risk might decide to be tested (or not to be), and explain how a person goes about getting an antibody test.
5. Explain at least three things a person should do to protect him/herself and others ...
    a. if he/she decides not to be tested, and
    b. if he/she tests positive, and
    c. if he/she tests negative.

Materials Needed:

- PHOTOCOPIES
  One per student of ...
    HIV/AIDS Pretest, Worksheet, and Testing Information Checklist
  One set of ...
    HIV/AIDS Transparencies 1-7
  At least six per class of ...
    Family/Friend Homework Exercises A-E *
- LATEX BARRIERS (condom, dental dam) and SYRINGE

* *Six copies of each Homework Exercise will allow each student to choose at least one.*

Time Needed:

Two class periods if you use the pretest as a teaching tool; one class period without it.

Agenda:

1. Use the HIV/AIDS Pretest to assess and review basic knowledge. Use Transparencies 1 and 2.
2. Use the HIV/AIDS Worksheet, Transparency 3 and discussion to explain the categories of HIV Disease.
3. Use lecture/discussion, Transparencies 4-7 and the Testing Information Checklist to address and dispel myths and fears regarding HIV antibody testing.
4. Assign homework.

ACTIVITIES:

1. You may have administered the HIV/AIDS Pretest on the first day of the unit, as a needs assessment. Or you may have simply assumed the class would need basic STD and HIV/AIDS information, and taught lessons 24 through 28 of **9/10 FLASH**. If you have done neither of these, administer the HIV/AIDS pretest now.

   Have people use pencil so they can correct their answers later. After people have had eight to ten minutes to complete the test, discuss the answers, using the test as a teaching tool. Have people put a check mark next to each question they answered correctly ... but also have them **change** any they answered incorrectly, so that the final version is 100% accurate. (As you did with the Contraception Pretest, tell the class that you will give participation points only to those who correct their papers, so that the final version is 100% accurate. The idea is for everyone to end up with an accurate test to refer back to in the future.)

   Below are correct answers and explanations (lecture notes). But this will be largely review for many classes, so do not dwell on these explanations, except for items that many people miss, or where you see puzzled expressions on people's faces.

   1. Who can get AIDS?

      c. anyone

      One's **behavior** is what puts one at risk, not one's membership in any group.

   2. People can be infected with HIV (the germ that causes AIDS) without actually having AIDS.

      a. true

      On average, a person is infected with HIV for ten or twelve years before developing AIDS (before the immune system becomes so impaired that the person gets any of the infections or conditions that lead to a diagnosis of "AIDS"). This period of time is increasing, as medical means of delaying immune-impairment and of preventing certain opportunistic infections improve.

   3. People infected with HIV can infect others, even if they aren't feeling sick.

      a. true

      If a person with HIV had unprotected sexual intercourse, or shared their intravenous (IV) syringe, they could transmit the virus. They may look and feel perfectly healthy.

   4. Most people who have HIV disease don't realize they have it.

      a. true

      They would only know they were infected if they had had a positive antibody test. **Most** people infected with the virus have not been tested because they don't feel sick. Some others **do** feel sick, but have chosen, for a variety of reasons we'll explore later, not to be tested.

   5. You can tell by looking at someone whether he or she has AIDS.

      b. false

Even after people are diagnosed with full-blown AIDS, they may have months or years of relatively good health, interspersed with bouts of illness. During their "well times" many can go to work or school, and exercise and play as they normally would. They **may** look thin or have hair-loss from medications; they **may** have purplish blotches on their skin from Kaposi's Sarcoma. But they may also **not** have any outward signs of illness.

6. Full-blown AIDS is probably always fatal.

a. true

New treatments are certainly lengthening the lives and improving the **quality** of life for many people with AIDS. The answer to this question may change as treatments improve. Even today, there may be exceptions ... but, yes, most, if not all, people diagnosed with AIDS will eventually acquire some fatal infection or cancer, or their brain will become infected and they will die.

7. There is a new cure for AIDS.

b. false

There are new **treatments** to prevent or cure some of the opportunistic infections that attack people whose immune systems are impaired by HIV and to keep the immune system healthier longer. But there are no **cures** for HIV itself – no way to rid the body of the virus.

8. You can get a shot (an immunization) to protect you from HIV.

b. false

Researchers are certainly working to develop immunizations against HIV (like those we have to protect against Hepatitis B, measles, and other diseases). As of this printing, there is none.

9. A 17-year old boy had unprotected sex a couple of times with another boy when he was 14, but he isn't gay. If he has sex with his girlfriend now, does he have to worry that she might catch HIV from him?

a. yes

Whether he is gay has nothing to do with it. The fact that he has had unprotected sex before, any sex, means he **could** have caught the virus. Since more men than women have the virus (in the U.S.), and because it is even **more** prevalent among men who have sex with men (regardless of whether they identify as gay), the boy he had sex with was more likely than average to have had the virus. If he did, his friend may have caught it ... and now could pass it on, especially if he had **unprotected** sexual intercourse.

10. An 18-year old girl had sex with her boyfriend before she found out he used to shoot drugs. They only had sex once, but now she is pregnant. Should she be concerned about the baby catching HIV from her?

a. yes

Like the boy in the previous question, she had sex with a person who was more likely than average to have the virus. If he did, she may have caught it. Even one sexual experience could transmit the virus. If she **did** catch it, her fetus would have about a 30% chance of acquiring it, too.

11. A 16-year old couple have been sharing sexual touch for five or six months. They don't have oral, anal or vaginal intercourse, but they do stroke one another's genitals and sometimes have orgasms. Should they be concerned that they might have given one another HIV?

b. no

They have had "safer sex". There is a **remote** chance, if one of them had cuts or sores on his or her hands, and if semen, vaginal fluid or menstrual blood got into the wounds, that the virus could have passed between them. But the chance is so remote that most physicians would tell them not to worry.

12. Does it matter whether the couple in number 11 is heterosexual or homosexual?

c. no, if they haven't exchanged blood, semen or vaginal fluid, their genders and gender orientations don't make any difference

Even if they had exchanged these fluids, their genders would not make **much** difference. The only significance of their genders would be these factors: First, if they were both boys and had sex with other boys before, the chances that one had had prior sex with someone infected might be higher than average. Second, if they were both girls and had only ever had sex with another girl, their chances of prior infection would be lower than average. But, since they have not had "riskier kinds of sex", their genders are irrelevant.

13. Which activity never spreads HIV?

b. donating blood

A sterile needle is used with each blood donor. There is absolutely no risk of HIV infection to a person who donates his or her blood.

14. Which activity could spread HIV?

b. getting a tattoo from a friend

Sharing needles to shoot drugs is, of course, the **main** way the virus is spread through needles. But it could also be spread by sharing needles to give tatoos or to pierce ears, if the needle had HIV–infected blood or ink (in the case of a tatoo) on it.

15. Which activity could pass HIV from mother to child?

c. breastfeeding

The body fluids which most often transmit HIV are blood, semen and vaginal fluid. But breast milk has been known to transmit it as well.

16. Which activity could spread HIV?

c. having sexual intercourse

During sexual intercourse, especially unprotected intercourse, one person's semen, vaginal fluid or blood could enter the other's bloodstream through mucous membranes (vagina, rectum, urethra, mouth, throat, or cervix), especially if there were cuts, sores or abrasions.

17. Which kind of sexual intercourse is risky in terms of giving or getting HIV?

d. all of the above

Without a lubricated condom or dental dam, any intercourse is risky. Even with a condom, there is some risk.

18. Using a condom or dental dam makes intercourse less risky.

a. true

NOTE: Hold up a condom and dental dam as you explain them. With your district's permission, you may want to open the condom package and roll the condom onto your fingers, by way of illustration. We strongly suggest that you **not** do a demonstration with fruits or vegetables, as it is simply unnecessary and some people (students, parents) would find it offensive, and feel that it trivialized the issue.

A condom ("rubber") is a thin balloon-like shield that is worn on the penis. It can be used during oral, anal, or vaginal intercourse. It reduces considerably the chances of giving or getting an infection.

A dental dam is a piece of latex which is used to cover the labia and clitoris or the anus during oral sex. Dental dams are available in some drug stores, and a condom can also be cut to form a dental dam.

Show Transparencies 1 and 2 and discuss them.

How **much** protection a couple can expect depends upon which expert is interpreting the data. (For discussion of the contraceptive effectiveness of condoms, see lesson 12.) Latex barriers certainly do not eliminate the risk of HIV infection altogether. However, there is no question that they do **reduce** the risk, and that they are the best protection we have for couples who chose not to abstain. **But condoms and dental dams can't protect people unless they're used properly:**

They are not reusable. *A new one must be used each time a couple has any kind of sexual intercourse: oral, anal or vaginal.*

They must be used from the very beginning of sex ... before the couple starts to have intercourse (oral, anal or vaginal). *If they had intercourse for a while, before putting on a condom or using a dental dam, infected fluids could have already passed from one person to the other ... long before orgasm.*

A condom must be put on correctly.

- *It should be unrolled directly onto the erect penis ... with the foreskin pulled back, if the man is uncircumcized. The condom should be unrolled all the way down to the base of the penis.*
- *Some condoms have a special tip to collect semen. With or without this tip, it is important to pinch the end of the condom leaving about one-half inch of space between the penis and the tip of the condom, so there's room for semen.*
- *Placing a little water-based lubricant (Replens, Slippery Stuff, etc.) inside the tip makes the condom less likely to tear and increases the sensitivity.*

A condom must be taken off properly. *After ejaculation, the couple should separate before the penis becomes soft. Otherwise, the condom can slip off and spill semen. The condom must be held at the base of the penis, to keep it from slipping off as the penis is withdrawn. When the penis is completely out, the condom should be thrown away in a garbage can. It's a good idea for both people to wash their hands and genitals before they touch any more. If they have intercourse again, they must use a new condom.*

For anal and vaginal sex, a spermicide can give extra protection. *The spermicide "nonoxynol-9" not only kills sperm; it also kills many germs, including HIV. Almost all brands of contraceptive foam, cream, gel, suppositories, sponges and film contain this spermicide. Any of these can be used* ***with a condom*** *to increase its protection (in case it tears or leaks). Some condoms already are coated with a bit of spermicide, too.*

Spermicides must not be used if either partner has an allergic reaction. *Allergic reactions are rare (about 2% of users experience an itching or burning sensation with spermicides). But any irritation* ***caused*** *by such a reaction could actually increase the risk of transmitting HIV.* *

19. Even with a condom or dental dam there is still a chance of spreading HIV, because they can tear.

a. true

Condoms and dental dams cannot guarantee safety, even when they are used properly, because sometimes they tear. ***But some protect better than others:***

Condoms made of latex *(rubber) are less likely to break or leak. They are better for STD protection than 'natural' or animal skin condoms; although both kinds are effective in preventing pregnancy.*

New condoms and dental dams *are stronger than old ones. As they age, the latex rubber becomes weaker. Heat is especially damaging, so wallets and glove compartments aren't good places to store them for very long. Better places include backpacks, fanny packs, purses, jacket pockets, dresser drawer, and gym bags. Condom packages have an expiration date on them, which tells when the condoms should no longer be used.*

Lubricated condoms *are less likely to tear than non-lubricated (dry) condoms. Some condoms are pre-lubricated. If they aren't, a couple can put a little of their own lubricant on the outside of the condom. They should use something like "Replens" or "Slippery Stuff" (available in most pharmacies), because these are water-based ... or, better yet, use a spermicide (see above) for lubrication.* ***Petroleum-based products and oils (e.g., hand cream, vaseline) SHOULDN'T be used; they can damage the latex of the condom.***

Lubrication should also be used with dental dams *on the side touching the person's body.**

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[*] The answers to Pretest questions 18 and 19 and the lecture notes in activity 3 were adapted, with permission, from **AIDS: Trading Fears for Facts, A Guide for Young People**, Hein and DiGeronimo, Consumers Union, copyright 1989.

20. What do people have to do if they want to **guarantee** (100%) that they won't catch HIV?

b. abstain from all forms of sexual intercourse and from IV drugs

Other kinds of sexual touch, besides intercourse, are safe ... as long as no blood, semen or vaginal fluid is exchanged. For example, a body massage is 100% safe (except, of course, if it leads to intercourse). The point is that sexual touch can be satisfying without including intercourse.

NOTE: Hold up a syringe, as you explain it (and demonstrate the bleach sterilization method, if appropriate).

It is also 100% safe, in terms of HIV, for a person to use a sterile needle if he or she can't stop using IV drugs. In some places, such as Seattle, used needles can be exchanged for sterile ones. (Phone the AIDS Information Line — 296-4999, in Seattle — for current locations and times of the needle exchange program.)

If you know someone who is injecting drugs, make sure they know they can sterilize their own needles with ordinary household bleach. They draw bleach into the syringe to fill it, and squirt it out into the sink. They repeat this fill-and-squirt step a second time. Then they fill it with **water** and squirt it out into the sink. They repeat **this** step a second time, as well.

2. Explain the continuum of HIV Disease, by using the HIV/AIDS Worksheet. Hand it out. Have students take turns reading aloud from it. Assist them in filling in the blanks, as a group. The following lecture notes may help (correct Worksheet responses are underlined):

INFECTION

From the actual moment of infection the person has what is called HIV Disease. He or she is contagious, even though there is no way to know of the infection yet.

CATEGORY A: Early HIV Disease

Acute Infection

Some people, though not all, get sick two to eight weeks after becoming infected, around the time they've built up enough antibodies to test positive in a blood test. They have a mononucleosis-like syndrome ... swollen glands, high fevers, rashes, and sometimes other symptoms, lasting ten to fourteen days. This often goes unrecognized since it seems like a regular "flu".

Asymptomatic Infection

Whether or not they get an acute infection, everyone who becomes infected moves into a phase with no symptoms, even though they can pass the virus to others. Unless they get tested, they do not know they have HIV. This stage in which there are no symptoms may last months or years. We don't know yet whether anyone can remain in asymptomatic "forever". There are new treatments that can slow the progression of the disease, but most people, if not all, will eventually begin to notice signs of infection.

Persistent Generalized Lymphadenopathy (PGL)

At some point, most people with HIV Disease develop what is called "PGL". "PGL" means swollen glands, where the body is trying to fight the infection. The swollen glands are "Persistent" ... lasting three months or more. They are "Generalized" ... they involve two or more sites in the body, not just the neck. The L in "PGL" describes the swollen glands themselves; "Lymphadenopathy" ***means*** *swollen* ***glands****.*

If there is no other reason for the glands to be swollen besides HIV, the person may decide to be tested for HIV antibodies. A positive test with these symptoms, and no other explanation for the swelling, means the person has "PGL".

CATEGORY B: HIV Disease, with symptoms (but not AIDS-indicator conditions)

As the HIV spreads through the body, there will be fewer and fewer T-helper cells in the person's blood. Finally, a person may begin to notice signs of immune-impairment beyond PGL. A couple of the most common of these symptoms are:

being tired or weak, for weeks at a time, even though you're getting enough sleep, and

nausea (feeling sick to one's stomach).

People in Category B may also have yeast infections that don't respond well to treatment, shingles, cervical cell changes, and/or a number of other conditions.

*People with conditions such as these, who also have positive HIV antibody tests, have what is called "Category B HIV Disease". (This used to be called "ARC", or "AIDS-Related Complex.) Some people die in this stage without ever moving to Category C. And even without being in Category C, the person is diagnosed as having "AIDS" if his or her "T-Helper Cell" count drops below 200 per cubic millimeter of blood. (A healthy individual has a T-Helper Cell count of 800 to 1200/mm^3.)**

CATEGORY C: HIV Disease with AIDS-indicator conditions

Eventually, most people, if not all, develop this last stage of HIV Disease. The median time from infection to Category C is ***ten to twelve years****. Of course, this is not a prognosis for any articular individual with HIV Disease; some people may progress more quickly and perhaps some will never develop an "AIDS-indicator condition".*

What is an "AIDS-indicator condition"? In order to be diagnosed as having "Category C HIV Disease", a person must have at least one of twenty-plus specific conditions. The Centers for Disease Control lists these conditions (and revises the list periodically), to try to ensure that doctors will be consistent in what they consider "AIDS".

* This new definition (three categories vs. four classes of HIV Disease, and diagnosing AIDS based on T-cell count) is our understanding of the one that will be announced by the Centers for Disease Control sometime in 1992. We will send a note to **11/12 FLASH** purchasers confirming this new definition as soon as it is announced.

A few of these AIDS–indicator conditions are:

Wasting Syndrome: *This involves rapid, unexplained loss of ten percent or more of the person's normal body weight, and/or a 100 degree (or higher) fever or diarrhea ... if the fever or diarrhea lasts more than a month.*

AIDS Dementia: *This is often a function of a direct attack by HIV on the brain cells (instead of, or in addition to, its attack on T-Helper cells). It may involve symptoms such as memory loss; confusion; loss of coordination, vision or hearing; or slurred speech.*

Pneumocystis Carinii Pneumonia: *(new-moh-SIS-tis kuh-RIN-ee-eye new-MON-ee-uh ... or PCP) This is an infection in the lungs that makes breathing harder.*

Kaposi's Sarcoma: *(KAP-oh-seez sar-KOH-muh ... or KS) This is a form of skin cancer that makes purple blotches on the skin and, later, open sores.*

Eventually, for most (if not all) people living with AIDS, one of these twenty-plus conditions is _fatal_.

Why? Although we have _treatments_, *we have no* _cure_. *"AZT" and "ddI", for example, can slow the damage done by HIV, by preventing it from multiplying as fast in the body. We can also delay or prevent some of the diseases the HIV allows into the body. But we cannot rid the body of the HIV itself. We have no cure for any virus (even the common cold) ... and HIV is particularly challenging, even among viruses, because it is a retro-virus, meaning it creates its own DNA.*

Show and discuss Transparency 3.

3. Discuss the HIV antibody test, using Transparencies 4 through 7 and the HIV/AIDS Testing Information Checklist, for clarification. The following lecture notes may help:

TRANSPARENCY 4: THE TEST

When a person is infected with Human Immunodeficiency Virus (HIV), the immune system produces antibodies, which move through the blood. The most common tests for HIV Disease are blood tests that look for these ***antibodies*** *(not for the virus, itself). The most common of these tests are:*

*(1) The ELISA (**E**nzyme-**L**inked **I**mmunosorbent **A**ssay)*

(2) The Western Blot

*(3) The IIFA (**I**ndirect **I**mmuno**f**luorescence **A**ssay)*

When a blood sample turns out "positive", it is always re-tested, with a different one of these tests, to confirm the result.

The first antibody tests were licensed for common use in May 1985, as a way of checking donated blood for HIV infection. Before the blood supply was screened, about 12,000 Americans were infected with HIV from blood transfusions. But now the risk of catching HIV from a blood transfusion is about 1 in 100,000 in the United States. This is much less than your chances of dying from the flu (1 in 5,000).

TRANSPARENCY 5: DECIDING WHETHER TO BE TESTED

Emphasize that deciding whether to be tested isn't always easy.

First, how likely is it that I am infected?

A. A person is considered to be at **"no risk"** *if he or she:*

... has never used intravenous (IV) drugs,

... has never had sexual intercourse, and

... did not receive any blood transfusions, or any donated organs or semen between 1978 and May of 1985.

He or she does not need to be tested.

Draw a red line through these behaviors to emphasize that this person does not need an HIV antibody test.

B. A person in a developed country (such as the United States) is **"at risk"** *if he or she:*

... has had sexual intercourse, especially unprotected intercourse, with someone who has had (or **may** *have had) unprotected intercourse with someone else, or who has shot drugs*

... **has** *received donated blood, organs, or semen, especially during the 1978 – May 1985 time period.*

C. A person as at **"highest risk"** *if he or she:*

... has had sexual intercourse with someone who is HIV-positive, or unprotected intercourse with a man who has had sex with other men

... has injected drugs and shared "works" (needle or syringe)

People who have done these "high risk" activities may have caught the virus. The **chances** *of their having been infected depend on three factors:*

(1) whether they live in a part of the country with high HIV rates,

(2) how many times they have engaged in high-risk activities, and

(3) **how** *high risk their particular behavior was.*

For example, a teen who lives in New York, Miami or San Francisco and who has had vaginal intercourse, without condoms, with a number of different partners would be much more likely to have caught the virus than a teen from a small town who had had oral intercourse one time with an IV drug user. Seattle is somewhere in between; there is not as high a rate of infection in Seattle as in New York, for instance, but a much higher rate than in, say, South Dakota.

Explain that the teen who was at high risk in this example might still decide not to be tested. In Washington State (and some other states), a teen over the age of 14 can be tested without parents' permission. The test is free or low-cost at places such as the Public Health Department, and is confidential or anonymous. But teens don't always realize this. Furthermore, some people choose not to be tested for other reasons.

Have the class brainstorm all the reasons they can think of **why people sometimes decide to be tested**. Make sure these reasons get mentioned:

... They want to know what's going on in their bodies.

... They want to know if they're negative, because:

- they know they'll be relieved, and
- they will avoid any risky behavior in the future in order to stay negative.

... They want to know if they're positive, so they can:

- avoid putting others at risk through sexual and drug-related behavior,
- stay healthier longer, by watching their diet, exercising, avoiding alcohol and other drugs, and getting early medical care,
- tell their sex partners or needle-sharing partners, so that they can in turn get counseling or testing.

... They want to know where they stand, before they make decisions about marriage or pregnancy/parenthood.

Have the class brainstorm all the reasons they can think of **why people sometimes decide *not* to be tested**. Make sure these reasons get mentioned:

... They are afraid that, if the results were positive, they would become depressed and suicidal.

... They don't want to live with the knowledge that they may die sooner than they would have otherwise.

... Even if the results were positive, they don't think they

- could change their high-risk behaviors,
- would get medical care or counseling,
- could tell anyone or get support from family or friends.

... They always abstain or practice safer sex and they never share needles, so even if they are positive they are already protecting others.

... They are concerned about their privacy and safety, even if they are assured of the anonymity or confidentiality of the test *

... For example, they may be concerned that:

- if the results are positive and someone finds out (a neighbor, classmate, employer, landlord, insurance company), they may be harassed, fired, denied housing or health care, or otherwise discriminated against.
- even if the results are negative, if someone finds out they've been tested, they may still be victimized.

* This is why anonymous and confidential testing are so important. In a "**confidential**" test, the patient does have a medical record in his or her own name, but it cannot be shared without the patient's written permission, unless it is subpeonaed by the courts. In an "**anonymous**" test, the person doesn't even give his or her name. A code name is used, instead, and no patient record is kept ... so the patient can feel absolutely safe, not just legally, but practically.

Emphasize that the decision is a personal one, and that it should be based on knowledge, rather than ignorance. It is important for a person to gather information, if he or she is considering being tested. Hand out the Testing Information Checklist and allow a few minutes for people to read it silently (or have volunteers take turns reading it aloud).

TRANSPARENCY 6: GETTING TESTED

Elaborate upon the Transparency:

> *It is important to wait to be tested until at least three months after possible exposure to the virus. If there was infection, this will probably allow enough time for antibodies to develop. (A person may want to be tested* ***again*** *six months after possible infection. By that time 95%–98% of people who are infected develop enough antibodies to show up on a test.) In the meantime, the consumer (patient) can gather information about testing sites, asking questions such as those on the Checklist. Upon choosing a site, he or she usually has to schedule an appointment. The one exception, in the Seattle area, is the STD Clinic at Harborview Hospital, where patients can be seen on a drop-in basis. There, it is wise to arrive as early as possible in the day, to be sure one can be seen.*
>
> *Actually being tested for HIV antibodies is a fairly simple process. A health care provider draws some blood. (A new needle and syringe are used for each person, so there is no chance of getting HIV during the test.)*
>
> *The blood sample is sent to a lab. It is examined using one of the tests on Transparency 2, usually an ELISA. If it turns out positive, it is retested, using a different one of the procedures, to confirm the result. It is usually a week or so before the consumer can return to find out the results. Most test sites insist that the patient come in to get the results in person. See if your students can explain why.*

TRANSPARENCY 7: THE RESULTS

Address one question from the Transparency at a time:

First, **what do the results mean**?

A NEGATIVE RESULT *means the person probably does not have HIV. A negative result is usually correct if it has been at least six months since the person's last risky activity (shared needles or unprotected intercourse).*

> *FALSE-NEGATIVE RESULTS: If the person* ***does*** *have HIV, but the infection happened recently, the body may not have built up enough antibodies yet to be detected. It takes at least a few weeks after a person is infected and often several months before there are enough antibodies to show up on these commonly-used tests. In some cases, it takes as long as six months. (Rarely, a person may not develop antibodies for a year or more after infection. However, this is true of such a small percentage of people that it doesn't affect most experts' confidence in a waiting period, or window period, of six months.)*

***A POSITIVE RESULT** does not mean the person has AIDS. It means that he or she has probably been infected with HIV. Will he or she develop AIDS? Some experts think that 1 out of every 3 people with a positive HIV-antibody test will get an AIDS-related disease within five years of being infected. Others think that everyone who has HIV will develop AIDS eventually. There are new treatments to help the person remain healthy longer. Right now, no test can predict what will happen to the person's health in the long run.*

FALSE-POSITIVE RESULTS: The chance of an uninfected person having a positive test result on the ELISA is very slight (about 1%). But because this can happen, it is very important for all positive ELISA results to be confirmed by using another of the tests.

***AN INDETERMINATE RESULT**: Sometimes test results are not definitely positive **or** negative. This **may** mean the person was infected with HIV only recently, but it **also** may be caused by other factors (the person may not have HIV at all). If this result comes back from the lab, the clinician will discuss with the patient what he or she should do. He or she may need to be retested now, or in three months or six months. In the meantime, even if the clinician feels that the chances are very low that the patient is really HIV-infected, it is wise to take precautions as **if** the test were positive.*

Which brings us to the next question from the Transparency: **What do you do with the knowledge**?

***A NEGATIVE TEST RESULT IS A NEW STARTING POINT**. If you haven't done anything that could expose you to the virus in the six months before the test, you can be almost certain that you do not have HIV. So you can use the negative result as a new beginning ... a time to think about avoiding exposure to HIV in the future.*

Make these points:

a. For starters, it is important to rethink your sexual behavior. Abstinence is the safest choice. Using condoms or dental dams during sexual intercourse is another option, but they are not 100% effective.

b. If you are an IV drug user, this is the ideal time to permanently stop shooting drugs. Your negative test result —and, in some cases, your six months off injected drugs — gives you a clean slate for a new start. But if you can't or won't stop shooting drugs, it is crucial to use sterile needles.

c. There is help available, if you want to change risky behaviors, but are having a hard time. Call the AIDS Information Line for a referral!

***A POSITIVE TEST RESULT DOES NOT MEAN YOU HAVE AIDS**. It means you've been infected with HIV. It is impossible to say how long an HIV-infected person can remain asymptomatic. You can use this as a starting point. It is a perfect time to make some life changes.*

Have the class brainstorm what those might be. Make sure they include all of the following:

a. See a doctor. Get a complete checkup. There are medical treatments that might help you fend off certain infections, such as Pneumocystis Carinii Pneumonia (PCP). It is important to **start getting health care as soon as possible**.

b. Begin **protecting your immune system from stresses**. You can begin to eat a balanced, healthy diet. You can start exercising regularly. You can avoid challenging your immune system with alcohol and other drugs. You can avoid extra stress and activities that might exhaust you.

c. **Abstain from sexual intercourse**. There are other ways to express intimate feelings and to be sexual. Or **use condoms carefully and consistently**, so that your vaginal fluids, semen and blood aren't passed to another person.

d. **Don't ever share** IV drug **needles or syringes**. Even if only microscopic amounts of blood remain in them, the virus can be transmitted.

e. **Tell your** past and present **sexual partners**, and anyone with whom you have shared IV needles and syringes, that they, too, might be infected with the virus. If you don't want to tell them yourself, speak with a health care provider or someone from the Public Health Department. He or she can inform them (**without** revealing your name) that they may have been exposed to HIV.

f. **Consider postponing having children** until more is known about the risks to you and to them.

g. If you cut yourself and get **blood** (or semen) on clothes or furniture, **clean it with soap and water**. Then clean again with alcohol, a disinfectant, or water mixed with household bleach (1 cup of bleach to 9 cups of water). Afterwards, be sure to wash your hands with soap and warm water. Dry cleaning can also kill the virus.

h. **Do not donate blood** or sperm; do not register as an organ donor.

i. **Find** sources of **emotional support and practical help** with legal issues, financial advice, etc. Some individuals also need to look for **spiritual support**. Again, the AIDS Information Line can suggest all sorts of resources.

Emphasize that a positive result does **not** mean it's time to give up. On the contrary, for many people it's a time to build a healthy body and a circle of support and to start protecting themselves and others.

4. Hand out the Family/Friend Homework Exercise: "On HIV/AIDS". There are five different exercises (lettered A through E). You can hand them out randomly, or give each student all five and have them choose the one they would like to do.

Encourage students to complete the assignment, if possible, by the day after tomorrow. That is when these same ethical issues will be discussed in class. However, the actual due date should be generous enough that even very busy families can participate.

HIV/AIDS Pretest

NAME DATE PERIOD

Mark the best answer for each question. Use pencil, so you can correct your answers later.

1. Who can get AIDS?
   - _____a. people from certain high-risk countries
   - _____b. people with hemophilia
   - _____c. anyone
2. People can be infected with HIV (the germ that causes AIDS) without actually having AIDS.
   - _____a. true
   - _____b. false
3. People infected with HIV can infect others, even if they aren't feeling sick.
   - _____a. true
   - _____b. false
4. Most people who have HIV Disease don't realize they have it.
   - _____a. true
   - _____b. false
5. You can tell by looking at someone whether he or she has AIDS.
   - _____a. true
   - _____b. false
6. Full-blown AIDS is probably always fatal.
   - _____a. true
   - _____b. false
7. There is a new cure for AIDS.
   - _____a. true
   - _____b. false
8. You can get a shot (an immunization) to protect you from HIV.
   - _____a. true
   - _____b. false

9. A 17-year old boy had unprotected sex a couple of times with another boy when he was 14, but he isn't gay. If he has sex with his girlfriend now, does he have to worry that she might catch HIV from him?

_____a. yes

_____b. no

10. An 18-year old girl had sex with her boyfriend before she found out he used to shoot drugs. They only had sex once, but now she is pregnant. Should she be concerned about the baby catching HIV from her?

_____a. yes

_____b. no

11. A 16-year old couple have been sharing sexual touch for five or six months. They don't have oral, anal or vaginal intercourse, but they do stroke one another's genitals and sometimes have orgasms. Should they be concerned that they might have given one another HIV?

_____a. yes

_____b. no

12. Does it matter whether the couple in number 11 is heterosexual or homosexual?

_____a. yes, they should be concerned if they are gay, but not if they are heterosexual or lesbian

_____b. yes, they should be concerned if they are gay or lesbian, but not if they are heterosexual

_____c. no, if they haven't exchanged blood, semen or vaginal fluid, their genders and gender orientations don't make any difference

13. Which activity never spreads HIV?

_____a. having intercourse without a condom

_____b. donating blood

_____c. sharing needles in drug use

14. Which activity could spread HIV?

_____a. eating in a restaurant that has a gay cook

_____b. getting a tattoo from a friend

_____c. giving a massage to a family member with AIDS

15. Which activity could pass HIV from mother to child?

_____a. hugging the child

_____b. giving the child a bath

_____c. breast-feeding

16. Which activity could spread HIV?
    _____a. sitting on a public toilet seat
    _____b. sitting next to a person with a bad cough
    _____c. having sexual intercourse

17. Which kind of sexual intercourse is risky in terms of giving or getting HIV?
    _____a. anal sex
    _____b. oral sex
    _____c. vaginal sex
    _____d. all of the above

18. Using a condom or dental dam makes sexual intercourse less of a risk.
    _____a. true
    _____b. false

19. Even with a condom or dental dam there is still a chance of spreading HIV, because they can tear.
    _____a. true
    _____b. false

20. What do people have to do if they want to guarantee (100%) that they won't catch HIV?
    _____a. use condoms and dental dams when they have sex and bleach needles when they share them
    _____b. abstain from all forms of sexual intercourse and from IV drugs
    _____c. only have heterosexual (male-female) sex

NUMBER OF ANSWERS THAT WERE CORRECT TO BEGIN WITH

(before you corrected them): _____________

(Please be honest. This won't affect your grade. I just need to know in order to plan lesson's.)

HIV/AIDS Worksheet:

Stages of Infection, the Continuum of HIV Disease

NAME ______________________ **DATE** __________ **PERIOD** __________

Fill in the blanks, as your teacher discusses the four classes of "HIV Disease".

INFECTION (the moment the virus enters the person's body)

The person is ______________________ (he or she can transmit the virus), even though he or she has no way to know it.

CATEGORY A: Early HIV Disease

Acute Infection

Around the time the person has built up enough ______________________ to show up in a blood test, two to eight weeks after catching the HIV, he or she may get sick with symptoms much like "mono". These symptoms can last a week or two. Some people skip this stage.

Asymptomatic Infection

Then, for months or years, the person has no ______________________ at all. He or she looks and feels well, even though the HIV is gradually killing off T-cells. Most people with HIV Disease are in this stage.

Persistent Generalized Lymphadenopathy (PGL)

L = Lymphadenopathy = swollen ______________________

P = Persistent = lasting __________ months or more

G = Generalized = in __________ or more places; not just the neck

CATEGORY B: HIV Disease with symptoms (but not AIDS–indicator conditions)

When the immune system becomes even weaker, the person may start to get other symptoms ... which doctors call "Category B – HIV Disease". These could include:

1. ____

2. ____

Many other symptoms and conditions fall into Category B, as well.

NOTE: In categories A and B, a person is only diagnosed as having "AIDS" if his or her _____________________ count drops below 200 per cubic millimeter.*

CATEGORY C: HIV Disease with AIDS-indicator conditions

There are more than ________ different conditions (mostly diseases and cancers) that may mean a person finally has full-blown "AIDS", regardless of his or her T–helper cell count. A few of these conditions are:

1. ____

2. ____

3. ____

4. ____

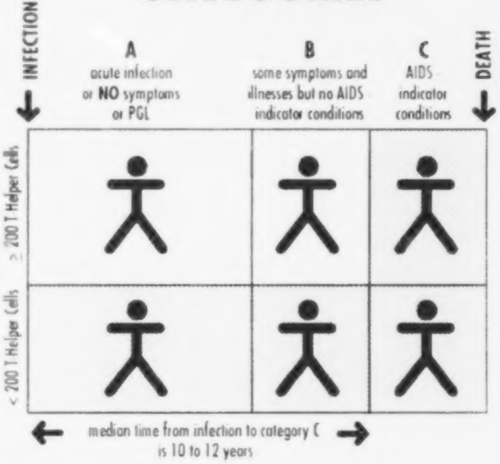
No matter what his or her T–helper cell count, if a person has any of these "AIDS-indicator conditions", he or she will be diagnosed as having "AIDS." *

FINALLY

Most, if not all, people with HIV finally die from something their bodies can no longer fight off ... in other words, one of these diseases or cancers is eventually ____________________.

At this point, we have ______________ which may slow the damage done by HIV. We can delay or prevent some of the diseases it allows into the body. But we cannot rid the body of the HIV itself ... we have no ____________________.

CATEGORIES


INFECTION
A
acute infection or NO symptoms or PGL
B
some symptoms and illnesses but no AIDS indicator conditions
C
AIDS indicator conditions
DEATH
≥ 200 T Helper Cells
< 200 T Helper Cells
median time from infection to category C is 10 to 12 years

☛ **Everybody on the Chart has HIV Disease.**

☛ **Those in the shaded areas have AIDS, specifically.**

---

* *We understand this new definition of HIV Disease/AIDS will be announced by the Centers for Disease Control sometime in 1992.*

HIV/AIDS Testing Information Checklist

After you've asked yourself whether you are really "at risk", and thought about the pros and cons of getting tested, it's time to pick up the phone. First, you call one of the numbers below:

In Seattle (only free in Seattle)	**296-4999**
or if you are using a TTY/TDD	**296-4843**
Elsewhere in King County	**1-800-678-1595**
Anywhere in Washington State	**1-800-272-AIDS**
Anywhere in the United States	**1-800-342-AIDS**
or if you speak Spanish	**1-800-344-SIDA**
or if you are using a TTY	**1-800-243-7889**

When you call, tell the person who answers the phone that you are a teen and you want the local phone numbers of public places that test for HIV antibodies. Then, call each place to gather information. They are not all the same. This checklist of questions may help:

1. Do you usually take care of people 14 to 21 years old?	yes	no
2. Would my parents or guardian have to come with me?	yes	no
Would I need my parents' or guardian's permission to have an HIV test?	yes	no
Would my parents or guardian be told the results even if I don't want them to be?	yes	no
3. Could I get tested free?	yes	no
If not: How much would it cost ?	yes	no
Is there a reduced rate or "sliding scale" for teens who can't afford it?	yes	no
Would I have to pay before I get the test?	yes	no
Would a bill be sent in the mail for the lab test or the office visit?	yes	no
4. Would I have to give my name?	yes	no
If so: Can you accept a made-up name (without any ID)?	yes	no
Would you put the results in my medical record?	yes	no
Would you give the results to my school?	yes	no
Would you give the results to my employer?	yes	no
Would you give the results to my parents' insurance company?	yes	no
Would you give the results to my future employer or insurance company?	yes	no

5. Could you notify my sex partner(s) if I wanted you to? .... yes no

   Would you notify my sex partner(s) if I didn't want you to? .... yes no

   Could you help me talk to my parents, sex partner(s), or other people whom I might want to tell? .... yes no

6. Would someone talk with me about both the pros and cons of testing? .... yes no

7. Do you give counseling before and after the test? .... yes no

   If so: How long is the counseling session likely to be? ____________________
   (You want plenty of time.)

8. Could I come back more than once to talk about whether to have the test? .... yes no
   (You should be able to take your time in making the decision.)

9. How soon could I have an appointment? ____________________

10. How long does it take to get the results? ____________________

    How would I be told of the results? ____________________

    ____

11. Other questions you may want to ask might include:

    Can you provide an interpreter in my language? .... yes no

    Can you provide a sign-language interpreter? .... yes no

    Can I bring a friend, partner or parent into the counseling session with me? .... yes no

    What bus line serves your clinic? .... yes no

    Is there parking available? .... yes no

    If I need help reading the forms or filling them out, is there someone who can help? .... yes no

12. Add questions of your own, that you want to remember to ask:

____

____

____

____

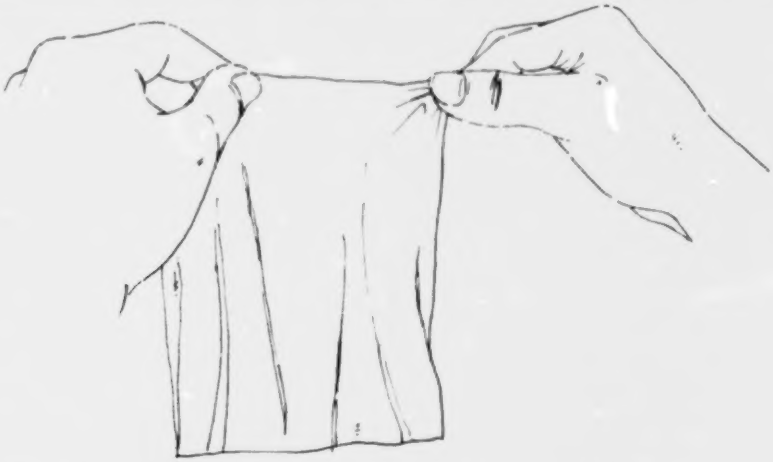
____

____

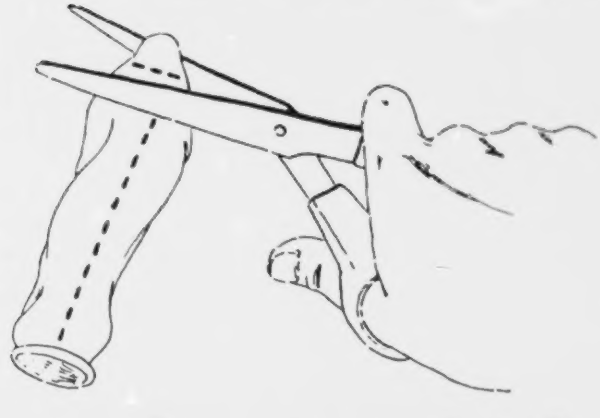
____

____

HIV/AIDS Transparency 1: The Dental Dam



Dental dams are sold in some clinics.



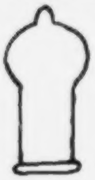
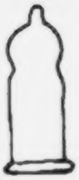
A condom can also be used to make a dental dam.

HIV/AIDS Transparency 2: Condoms Vary

WIDTH OF CONDOM		
SNUG	**AVERAGE**	**WIDEST**
1.90"	2.05"	2.34"

THICKNESS OF LATEX		
THIN	**THICKER**	**THICKEST**
.05mm	.07mm	.09mm

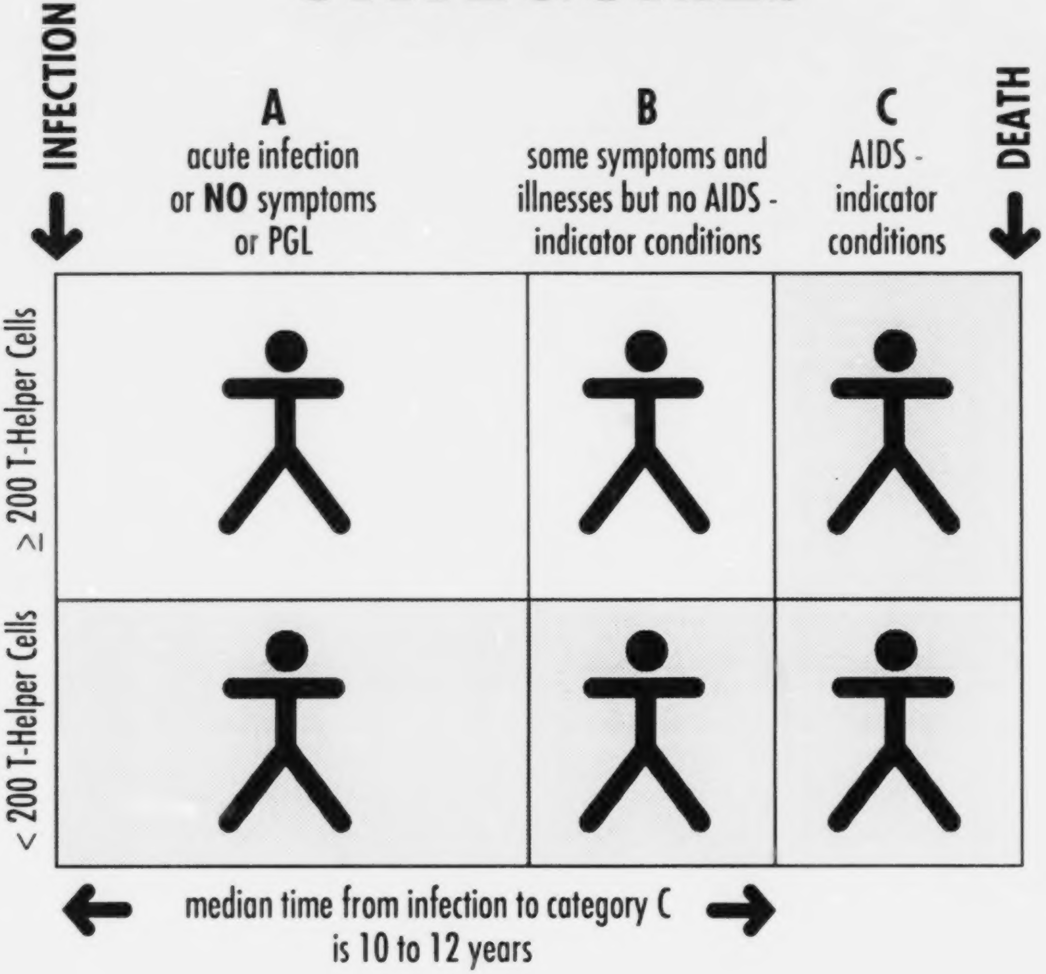
LUBRICATION		
DRY	**WET**	**VERY WET**

SHAPE		
REGULAR	**FLARED**	**FORM FIT**
		

All condoms sold in the United States meet safety standards. If as many as four per thousand break in testing, the whole batch is thrown out.

HIV/AIDS Transparency 3: HIV Disease

CATEGORIES



INFECTION ↓

A
acute infection
or **NO** symptoms
or PGL

B
some symptoms and
illnesses but no AIDS -
indicator conditions

C
AIDS -
indicator
conditions

DEATH ↓

≥ 200 T-Helper Cells

< 200 T-Helper Cells

← median time from infection to category C
is 10 to 12 years →

- **Everybody on the Chart has HIV Disease.**
- **Those in the shaded areas have AIDS, specifically.**

What tests are commonly used?

The ELISA
The Western Blot
The IIFA

What do all these tests look for?

Anti-bodies,
not the virus itself

HIV/AIDS Transparency 5:

Deciding Whether to be Tested

How likely is it that I am infected?

A person is at "No Risk" if he or she:

- has never used IV drugs
- has never had sexual intercourse
- did not recieve any blood transfusions, or donated organs or semen between 1978 and May, 1985

A person is "at Risk" if he or she ...

- has had unprotected sex with someone who has had (or who may have had) unprotected sex with someone else, or who has shot drugs
- did recieve blood, etc. during that time (above)

A person is at "Highest Risk" if he or she...

- has had sexual intercourse with someone who is HIV-positive – or unprotected intercourse with a man who has had sex with other men
- has shot drugs and shared "works"

HIV/AIDS Transparency 6:

Getting Tested

If I decide to be tested, what do I do?

Gather information.

Decide where to go for the test.

Make an appointment.

What will the counselor or clinician do?

Talk with you about the test, your concerns.

Answer your questions.

Get your consent to do the test.

Draw a blood sample.

Send it to a lab.

Then how do I find out the results?

Go back to the clinic in a week or two
(in person -- no results should be given out
over the phone).

HIV/AIDS Transparency 7:

The Results

What do the results mean?

A positive test?
A negative test?
Indeterminate results?

What do you do with the knowledge?

A negative result
is a new starting point.

A positive result does
NOT mean you have AIDS.
And it can be a starting point,
too.

Family/Friend Homework: "On HIV/AIDS"

EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION

Below are several different opinions about the ethics (right and wrong) of sexuality education, including education about AIDS. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Do you believe parents should teach their children about AIDS and other sexual issues? If so, what should they teach them and at what ages? If not, how would you prefer children learned about sexuality? (Be realistic.)

(2) Do you believe churches and other religious institutions should teach about AIDS and other sexual issues? If so, what should they teach and how? If not, why not, and how would you prefer people learned about sexuality? (Be realistic.)

(3) What about the mass media? What are the pros and cons, in your opinion, of t.v., radio, magazines, etc. teaching about AIDS? Should there be ads for condoms on t.v.? If so, what guidelines should be used? Should they only be advertised at late hours after small children go to bed, for instance? If there shouldn't be condom ads on t.v., why not?

(4) In your opinion, should schools provide AIDS and other sexuality education? If not, why not and how would you prefer children learned about sexuality? (Be realistic.) If schools should teach about it, what topics should be covered and at what ages?

(5) Should parents be allowed to excuse their children (as they are in Washington State) from sexuality and AIDS education at school? Why or why not?

Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE A ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: __________ ______________________________
student's signature

____
signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE B: PEOPLE-AT-RISK AND THE LAW

Below are several different opinions about the ethics (right and wrong) of laws regarding prostitution, IV drug use, and homosexual behavior. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) In your opinion, is prostitution wrong? Why or why not? If it is wrong, who is wrong: the prostitute, the customer, or both? Does the age or gender of the prostitute make any difference?

(2) Whether it is right or wrong, do you believe prostitution should be legal, so that prostitutes would have to be tested and get health care for a license? Why or why not?

(3) In your opinion, should public health workers be allowed to give out clean needles and bleach? Why or why not? Is it the same as giving out condoms? Why or why not?

(4) What do you think is the best way to solve the problem of people catching HIV from shared needles? Should drug laws be more severe? Should drugs be made legal? Should there be more funding for treatment? Other ideas?

(5) Do you believe it is ever wrong to have sex? If so, under what circumstances? If it's not wrong for other people, do you have certain standards for yourself? When would you decide it was wrong ... for you? Should same–sex touch be against the law? Describe what you think the law should say.

Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE B ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed EXERCISE B: PEOPLE-AT-RISK AND THE LAW, above, and discussed it with one another.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE C: TESTING

Below are several different opinions about the ethics (right and wrong) of laws regarding the HIV antibody test. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Do you believe people should be required to be tested for HIV? If not, why not? If so, who should be required and why? Health care workers? Surgeons? Dentists? Prostitutes? People who commit sex crimes? People applying for jobs? If so, what jobs? People applying for a marriage license? All pregnant women? All newborn babies?

(2) In one town, the police department was fined for telling someone's neighbor that he had tested HIV-positive. Then, the neighbor was also fined, for spreading the word to other neighbors. In your opinion, were the police and the neighbor wrong? Why or why not? If so, suppose you were the judge. How much would you have fined the police? the neighbor? Would you have used some other punishment? What?

(3) The Health Department is required by law to protect the person's privacy, even when helping to notify partners. If you were a senator, would you try to change the law, to allow any exceptions? Would you continue to allow the Health Department to tell the patient's sex partners, as long as the patient's name was never mentioned? Would you allow a doctor to inform the patient's parent or teachers if they are a minor? Their insurance company? Their boss or landlord? Why or why not?

✂ -

Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE C ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed EXERCISE C: TESTING, above, and discussed it with one another.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE D: MOTHERS, BABIES AND THE LAW

Below are several different opinions about the ethics (right and wrong) of laws regarding pregnant women, new mothers and HIV. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) Do you believe there should be screening programs to try to find HIV infected pregnant women or new mothers with HIV? If not, why not? If so, how should the program be set up, to protect people against race- and class-discrimination? Should women be required to be tested? Why or why not?

(2) Suppose you run a clinic that offers HIV antibody tests to pregnant women. If you see a woman who tests positive, will you counsel her about the odds of her baby catching the virus, and leave the decision up to her ... or will you urge her to have an abortion ... or will you urge her not to have one? Why would you counsel her the way you would?

(3) Suppose you were the woman. What do you think you would do? Why? Suppose you were her partner. What would you want her to do? Why?

(4) Some people want to apply child abuse laws to women who use drugs during pregnancy. What is your opinion about this? If you were on a jury, and it was clear a woman had shot heroin within a few hours of her baby's birth, would you find her guilty of child abuse? If not, why not? If so, what would you make the penalty? What if the drug she had used was alcohol, instead of heroin?

(5) In your opinion, is it wrong for a couple to try to get pregnant (or to just "let it happen") if they know that one or both may have HIV? Why or why not?

✂- -

Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE D ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed EXERCISE D: MOTHERS, BABIES AND THE LAW, above, and discussed it with one another.

Date: __________ ________________________________

student's signature

____

signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE E: HIV AND HEALTH CARE

Below are several different opinions about the ethics (right and wrong) of decisions doctors and insurance companies make, and of the laws regarding health care. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

(1) If you ran a hospital, would you allow each of your nurses and doctors to decide whether they would work with an AIDS patient? Why or why not? Would some cases be different from others? How?

(2) If you were a nurse, doctor or dentist, how would you feel about working with a patient who had AIDS or other HIV Disease? If you were uncomfortable, would you do it anyway? Why or why not?

(3) What do you believe about the law? Should a hospital be required to treat people with HIV? Should the hospital be allowed to turn them down? If so, should this also apply to other ill people. Should a hospital be allowed to turn down a woman about to have a baby or a victim of a car accident? Is this different from turning down someone with AIDS? If so, how? If not, why not?

(4) What if a patient can't afford health care? If the hospital isn't allowed to turn them away, who should pay for the care? Would you be willing to pay higher taxes, hospital bills or insurance rates? Should we all help? Why or why not?

(5) Do you think all patients should be allowed to get HIV/AIDS experimental drugs (treatments that have not yet been proven safe and effective)? Why or why not?

(6) Do you believe insurance companies should be allowed by law to test all applicants for HIV? Should they be allowed to turn down, or to cancel coverage of, people who test positive? Charge higher rates? How about for people in "high risk groups" or for people they think might be members of "high risk groups"? Why or why not?

Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE E ▪ CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: ______________

We have completed EXERCISE E: HIV AND HEALTH CARE, above, and discussed it with one another.

Date: __________ ______________________________

student's signature

____

signature of family member or friend

Lesson Plan 14

HIV & AIDS:

HIV/AIDS, Friends & Families

Student Learning Objectives:

to be able to ...

1. Imagine what it might feel like to learn that one was HIV-positive, or to face the news that a friend or family member had HIV/AIDS.
2. Describe three possible constructive actions one can take, to serve one's community and feel less powerless in the face of the epidemic.
3. Identify at least three local or accessible resources for HIV information and/or social and health services.

Materials Needed:

- PHOTOCOPIES

  One per student of ...
  HIV/AIDS Resource List *

  At least six per class of ...
  Quilt Information Sheet
- VIDEO: Optional **

Time Needed:

One class period

* *If you live outside King County (WA), you will need to compile your own local Resource List. We have provided a model and a blank master for your convenience.*

** *See Appendices D and E*

Agenda:

1. Explain the lesson's relevance and purpose.
2. Personalize the issue of HIV Disease and help students understand and empathize with the experience of those living with HIV Disease (and of their loved ones), in one of three ways:
   a. Have as guest speaker(s) a person or panel who:
      - is/are living with HIV/AIDS,
      - is/are the partner, family member or surviving loved one of someone with HIV/AIDS
      - works with people with HIV/AIDS, as a health professional or volunteer
      - represent(s) your local chapter of the Names Project, keepers of the AIDS Memorial Quilt.

   b. Use a video, with discussion before and afterwards.

   c. Use Individual Field Trip Reports and discussion.
3. Empower students by discussing specific behaviors an individual can do to "turn sadness into action."
4. Remind students of yesterday's homework assignment, and hand out extra copies to those who may have been absent.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   Yesterday, we reviewed the facts about HIV Disease, and AIDS in particular. We focused, especially, on testing. Today we'll focus, not so much on facts, but on feelings. Tomorrow, we'll focus on values.

   - *Today, you will have a chance to think about what it might feel like to test positive for HIV antibodies or to develop AIDS.*
   - *Some of you may already know, from personal experience, what it is like to have a friend or family member with HIV. The rest of you will have a chance to imagine what it might be like.*
   - *You will have an opportunity to think about what a person could* **do** *to feel less powerless in the face of the epidemic.*
   - *In your homework, and tomorrow in class, you will have a chance to consider some of your beliefs about various AIDS-related moral issues.*
   - *If this lesson is emotionally difficult for you, I want to encourage your to talk about it (with family, with me in private, with a school counselor, a member of your religious community if you belong to one, etc.)*

2. Personalize the issue of HIV Disease and help students understand and empathize with the experience of those living with HIV/AIDS (and of their loved ones), in one of three ways. The most effective way, by far, is to invite guest speaker or panel. If none is available, or if this conflicts with your school's or district's policies, you can introduce students to the emotional impact of HIV Disease with either video, or Individual Field Trip Reports, followed by discussion. All three alternatives are elaborated below.

   a. Have as guest speaker(s) a person or panel who:

   - is/are living with HIV/AIDS,
   - is/are the partner, family member, or surviving loved one of someone with HIV/AIDS
   - works with people with HIV/AIDS as a health professional or volunteer
   - represent(s) your local chapter of the Names Project, keepers of the AIDS Memorial Quilt

   If you invite a guest speaker or panel, we suggest you introduce them in the following way:

   Today's guests are here to share their stories ... to help us understand what it is like to live with HIV Disease or to love someone with the disease. They will tell us a little about themselves, and about when and how they found out about the illness and what life has been like since then. You are welcome to ask questions. I have already explained our class' groundrules to the panelists:

   - *that they have the right not to answer any questions they choose not to,*
   - *that we've all made a serious commitment ... to protect one another's confidentiality, ... to respect one another's right to differing opinions and ... to try to protect one another's feelings,*
   - *and that these groundrules apply to (and protect) them as well.*

NOTE: Do not introduce people as "AIDS victims." The terms "people living with HIV Disease" or "with AIDS" are not only more accurate, but also more respectful and empowering. The word "victim" implies a passive state of constant illness; many people with HIV find it offensive.

In the Seattle area, we recommend the following sources for speakers:

Seattle AIDS Support Group	**(206) 322-2437**
Puget Sound Blood Center, Hemophilia Program	**(206) 292-6573**
Northwest AIDS Foundation	**(206) 329-6923**
Names Project Seattle	**(206) 329-7130** or **285-8166**

If you live outside the Seattle area, call your local or state AIDS hotline, and/or contact the Names Project Foundation (international headquarters for the AIDS Memorial Quilt) at 1-800-USA-NAME.

b. Use a video, with discussion before and afterwards.

Begin by asking students to imagine that they have just waited a week for the results of their own HIV antibody test. Introduce yourself as the clinician (try truly to feel the part, if you can) and deliver the news:

> *"I'm sorry to have to tell you this. Your test was positive. We repeated the ELISA and we did a Western Blot, to confirm it. Those tests were positive also."*

Allow a half a minute of silence so that students can pay attention to their feelings. Then, ask volunteers to share their reactions to the news. What did they feel?

As they respond, name their feelings. Let them know that many people with HIV feel the ways they are describing:

denial: *"It can't be true." "I don't believe it. I'm going to another clinic."*

fear: *"Will I develop AIDS? Am I going to die?" "Will the people I love, still love me?"*

needing to place blame ... on themselves: *"If only I hadn't ..." "I deserve to die."*
*... **or on others**: "It's not fair!" "I hate whoever did this to me."*

numbness: *"I don't feel anything at all."*

Ask the class to consider who they might turn to for emotional support if they had tested HIV-positive.

Point out that some people in the class will probably be the friend or family member to whom someone with HIV turns one day (or someone with some other fatal disease). This brings you to the video. A video can help students to empathize with the experience and emotions of people living with HIV Disease or of surviving family and friends of people who have died from AIDS.

Show a video which presents the stories of real people (not dramatizations). See Appendices D and E for our recommendations.

Allow a brief silence for emotional reentry. Invite discussion:

How are people feeling?

Why do people visit memorials (the Quilt, the Vietnam Memorial, the graves of relatives)?

Why do people make panels? (if you use a Quilt–related video)

Why do you suppose people volunteer with the NAMES Project (as monitors, counselors, readers of names, etc.)?

Did anything about this video surprise you? Why are some of the people (whose names are read aloud) listed by first names only?

Did anything about your reaction to the video surprise you?

c. Use Individual Field Trip Reports and discussion.

The Field Trips will have been assigned on the first day or two of the unit. The HIV/AIDS field trip can be to:

- the home of someone with HIV/AIDS and/or an AIDS hospice,
- a clinic that provides on-going care to HIV-positive individuals,
- a church, synagogue, temple or mosque with an active AIDS ministry,
- an agency that provides social, legal or mental health services to people with AIDS and AIDS-related conditions
- a display of the AIDS Memorial Quilt.

As students report on their visits, encourage them to describe their visits in as much detail as possible. Encourage them to talk about their emotional responses, not just about the practical facts (costs, how-to-access, etc.).

3. Emphasize that **grief is important**, that **it's healthy** to respond to this kind of tragedy with tears. Point out, too, however, that **feeling overwhelmed and powerless is not healthy**, at least not to remain in these feelings:

It becomes important to turn sadness into action. Action heals. Let's talk about what people ... what each of us in this room ... could do in the face of the HIV/AIDS epidemic. Any ideas?

Ask people to begin each suggestion either with the phrase "**I could** ..." or with the phrase "**A few of us could** ..." (not as a commitment to act, but to keep the ideas practical and achievable, on a personal scale). Elicit as many ideas from the class as possible. Supplement their ideas with the following:

- I could **think** about my own attitudes. Change starts at home.

  The HIV/AIDS homework assignment will give each of us a chance to do a little of that.

- I could **share** what I've learned with my friends, my family, my children. I could gently correct misinformation when I hear it. I could firmly express my objections when I hear prejudice.

- I could **write** to a legislator (newspaper editor, school administrator, religious leader). I could thank them for a sensible, humane law (editorial, policy, sermon) or I could object to an illogical, mean-spirited one.
- I could **volunteer** a couple of hours a week of my time. There are hotlines that need phone workers. There are buddy programs, where people can spend a couple of hours a week grocery shopping for someone with AIDS who may be too weak at the moment to go out, or just hanging out together. There are hospitals where volunteers come in once a day just to hold and cuddle babies with AIDS ... babies who might otherwise not have visitors.

  Hand out The Resource List and point out a few organizations with whom people could consider volunteering.
- A few of us could **organize a fundraiser** (a recycling drive, a bake sale, a dance marathon). Money is always needed ... for research, education, medical care and services for people who have HIV or AIDS.
- I could **participate in an existing fundraiser**. In Seattle, for example, there is an annual walkathon sponsored by the Northwest AIDS foundation. I could raise pledges and walk. I could organize a team of walkers.
- A few of us could **make a panel for the AIDS memorial quilt**. We could decide not to let the world forget someone with AIDS who has died.

  If anyone in the class seems seriously interested in pursuing the idea of a quilt panel, give them a copy of the Quilt Information Sheet.
- I could **protect myself and people I love** (now and in the future) from the disease. That means, for absolute protection, abstaining from sexual intercourse and from IV drugs.

  Second safest would be deciding to only ever have sexual intercourse in a relationship that is:

  ... **long-term** (several year minimum? marriage?),

  ... **mutually monogamous** (and where each of us has proven, **over time and through our behavior**, that we can be trusted),

  ... **between uninfected persons** (that is, a relationship in which I truly believe, after knowing this person over time, that we are both virgins — or especially that neither of us has ever had sex with someone who had engaged in high-risk behaviors — and that neither has ever shared a needle ... or where we care about one another enough to get tested for HIV six months after our last chance of having become infected).

Note that, outside of this sort of very long-term relationship, trusting another's behavior is extremely risky ... more risky than using a condom. This doesn't necessarily mean that one's partner/spouse would intentionally lie. Sometimes people just don't know themselves as well as they might. Other times, a person might be trying to protect you from emotional hurt by not telling you about having loved someone else.

Also second safest would be to use new, lubricated, latex condoms and spermicide, and/or dental dams:

... **consistently** (every single time one has intercourse, with no exceptions),

... **carefully** (from the very beginning of touching, leaving space in the end of the condom, and removing it carefully before the penis becomes soft).

Also less than ideal protection, but far better than none, would be, if one did ever use IV drugs,

... never to share needles,

... or to sterilize them before use (for one's own protection) and after use (to protect others).

4. Remind students of yesterdays's homework assignment, and hand out extra copies to those who may have been absent.

AIDS Resource List *

Testing, Treatment and Answers to your questions are available free or at low cost, at many community clinics and at any Public Health center. It is important to call first for an appointment. Interpreters are available in most languages (including sign-language) if the person making the appointment asks for one. Call:

AIDS Prevention Project (Capitol Hill)	**296-4999**
TTY/TDD	**296-4843**
Auburn	**296-8400**
Bellevue	**296-4920**
Columbia City (South Seattle)	**296-4650**
Downtown (Seattle)	**286-4755**
Federal Way	**296-8410**
Harborview STD Clinic (Seattle)	**223-3590**
Northgate (North Seattle)	**296-4990**
Renton	**296-4700**
White Center (West Seattle)	**296-4620**

There are **Free Hotlines** too:

*In **Seattle**, call any of these (only free in Seattle and parts of **King County**):*

AIDS Information Line	**296-4999**
Alcohol/Drug 24-hour Help-Line	**722-3700**
Crisis Line	**461-3222**
Gay/Lesbian Youth Information Line	**322-7900**
Sex Information Line	**328-7711**

*Free anywhere in **King County**:*

AIDS Information Line	**1-800-678-1595**

*Free anywhere in **Washington State**:*

Washington State AIDS Hotline	**1-800-272-AIDS**

*Free anywhere in the **United States**:*

National AIDS Information Line	**1-800-342-AIDS**

A few non-profit **AIDS Education and Service programs** include:

AIDS Housing of Washington	**623-8292**
American Red Cross	**323-2345**
Chicken Soup Brigade	**328-8979**
Deaf Community AIDS Task Force (TDD)	**296-4843**
Gay/Lesbian Adolescent Drop-in Group	**747-4937**
Hemophilia Program	**292-6573**
Lambert House	**322-2735**
Multifaith AIDS Project	**324-1520**
Northwest AIDS Foundation	**329-6963**
TDD	**323-2685**
People of Color Against AIDS Network (POCAAN)	**322-7061**
Rubber Tree	**633-4750**
Seattle NAMES Project (the Quilt)	**329-7130**
YouthCare	**282-1288**

* *Model copy, for use in King County (WA).*

AIDS Resource List *

Testing, Treatment and Answers to your questions are available free or at low cost, at many community clinics and at any Public Health center. It is important to call first for an appointment. Interpreters are available in most languages (including sign-language) if the person making the appointment asks for one. Call:

There are Free Hotlines too:

Anywhere in the **United States** (free only in the U.S.):

National AIDS Information Line **1-800-342-AIDS**

A few non-profit AIDS education and service programs include:

* *Master copy, on which teachers outside King County (WA) can list their local resources.*

Quilt Information Sheet

> ***"The heart and soul of the quilt resides in homes across the country when friends and families gather to sew together their memories of love."***
>
> Cleve Jones, founder of the Names Project

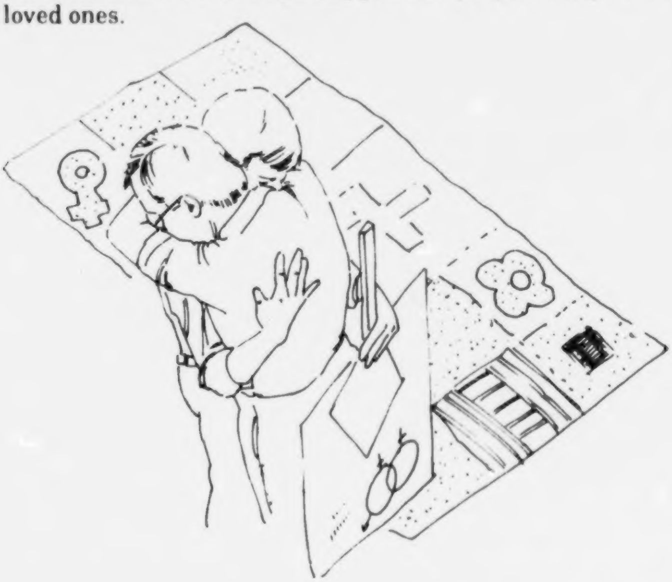
ABOUT THE QUILT

Begun in 1988, the AIDS Memorial Quilt includes more than 14,000 panels. * As keepers of the Quilt, the goals of the NAMES Project are to:

a. **Illustrate the enormity of the AIDS epidemic** by showing the humanity behind the statistics.

b. **Provide a positive and creative means of expression** for those whose lives have been touched by this epidemic.

c. **Raise vital funds and encourage support** for people living with HIV/AIDS and for their loved ones.



The NAMES Project has chapters in 32 U.S. cities and 24 countries around the world. The Quilt is the size of nearly 9 football fields, including walkways. It weighs 16 tons and has been viewed by over 2 million visitors. *

** as of May, 1991*

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If there is someone in your life, your school, your town who has died of AIDS ... someone you don't want the world to forget, maybe you'd like to make a panel to keep the memory alive. Or perhaps you are thinking about making a panel for someone who died alone, without friends and family to make a panel in his or her honor.

The panels that make up the NAMES Project AIDS Memorial Quilt were made by all sorts of people, in all kinds of colors, fabrics and styles. You don't have to be a professional artist to create a moving tribute. It doesn't matter if you use paint or fine needle work; your caring will show. How do you go about making a panel for the quilt?

HOW TO CREATE A PANEL

1. **Talk with people who loved the person and ask their permission to make a panel**. Call your local NAMES Project for advice about this.

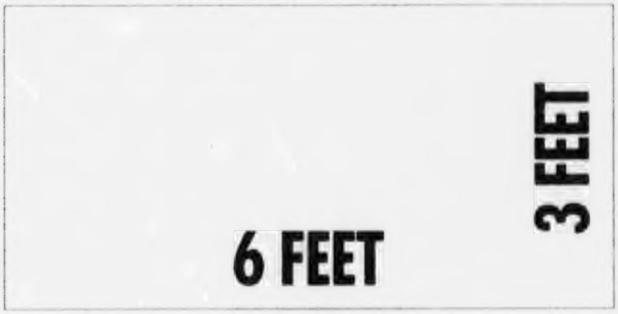
   In **Seattle**: **329-7130** or **285-8166**;

   Elsewhere: **1-800-USA-NAME**.

2. **Think about, or find out, what made the person special** ... what in particular is important to remember about the person.

> ***'Dear Mommy, I wrote this letter, 'cause I love you with all my heart. So to remember you, we made a Quilt. We cried, we laughed. But most of all we were happy just sewing our memories of you on the Quilt."***
>
> Daughter, age 11
> Boston, MA

3. **Design the panel**. Include the name of your friend. Feel free to include additional information, such as the dates of birth and death, and a hometown. Be creative about messages.



4. **Choose your materials**. Select a durable, medium-weight, non-stretch fabric such as cotton for the background. Cut and hem it to a finished size of 3 feet by 6 feet.

5. **Make the panel itself.** You may want to use:

   Applique ... Sew fabric letters and small mementos onto the background. Do not use glue; it will not last.

   Paint ... Brush on textile paint or color-fast dye, or use an indelible ink pen. No "puffy" paint; it is too sticky.

   Collage ... The best way to include photos or letters is to xerox them onto iron-on transfers, iron them onto 100% cotton fabric and sew that fabric to the panel.

6. **Write a biography** ... a one or two-page description of the person you have remembered. Get a photograph (or a xerox of a photo), if you can, to enclose with the panel and the written biography.

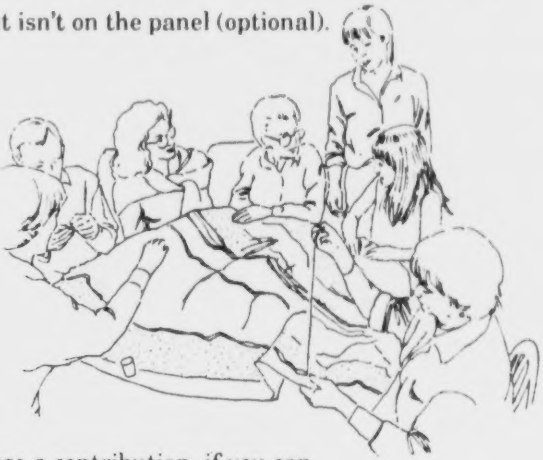
   Be sure to include the following information in your letter:

   a. your name, address and phone number (and the names and addresses of others who helped make the panel),

   b. cities you would like to see your panel displayed in,

   c. your relationship (if any) to the person you've made the panel for, and

   d. the person's full name if it isn't on the panel (optional).



7. **Wrap it all securely**. Enclose a contribution, if you can.

8. **Mail it** ... to the NAMES Project Foundation, 2362 Market Street, San Francisco, CA 94114.

"I just saw people flocking to this place, and I came over to see what was there. I had no idea about all of the people who had been killed by AIDS. I stayed ... thinking this is the saddest, most beautiful thing I've ever seen. I think I finally understand what AIDS is really about."

Parent, Anchorage, AK

Lesson Plan 15

HIV & AIDS:

HIV/AIDS & Society

Student Learning Objective:

to be able to ...

1. Articulate opinions (his or her own as well as those of others) about ethical issues surrounding HIV Disease.
2. Recognize that others (even others who are thoughtful, well-meaning individuals) may hold differing opinions.

Materials Needed:

- PHOTOCOPIES

  One set of ...

  HIV & Society Transparencies 1-5
- INDEX CARDS (One per student)
- SIGNS posted in the corners of the classroom *

* *in block letters "a", "b", and "c"*

Time Needed:

One class period

Agenda:

1. Explain the purpose of the lesson and what it is not intended to do.
2. Conduct an "Articulating Beliefs Exercise", using Transparencies. People will consider their values regarding HIV. As in the Pregnancy Options and Contraception lessons, they will practice articulating the values of someone in the class ... not necessarily their own.
3. Debrief the exercise and summarize the lesson.

ACTIVITIES:

1. Explain the purpose of today's lesson, and what it is not intended to do:

   "Today you will each have a chance to examine your own beliefs (values, ethics) about HIV Disease and its impact on society. You will also get to hear some of other peoples' opinions. You will have an opportunity to explain and defend various opinions ... including some with which you may disagree, just as you did when we studied contraception and pregnancy options.

   You have been practicing how to explain an opinion you don't happen to share. You'll have some additional practice today getting into the shoes of the person who holds that opinion.

   Like the last two times we did an Articulating Beliefs Exercise, today's class ***is intended to challenge each of you think*** *about your own beliefs. It is also intended to help you appreciate that intelligent people of conscience sometimes have opposing beliefs. The fact that two people disagree does* ***not*** *prove that one must be stupid or mean-spirited. This lesson* ***is not intended to change anyone's opinion about laws or practices regarding HIV Disease or to impose any one person's opinion on others****.*

   Over the next ten years, many of you will become voters, parents, and jurors. Some of you will become doctors, nurses, researchers, teachers, legislators, social workers, supervisors and landlords. Your ability to express and explain your beliefs can make this world a better place for all of us. Your ability to understand that others who disagree may have heartfelt, carefully thought-out opinions will make a difference.

   Before we begin, I want to ask people to remember our class' ground rules.

2. Conduct an "Articulating Beliefs Exercise", as follows:

   Provide each person an index card. Ask them to number it 1, 2, 3 on one side, and 4, 5 on the other side. They should not put their names on the card.

   One at a time, put the Transparencies up on the screen and have people fill in their answers. Then collect the cards, shuffle them, and redistribute them, so that everyone ends up with a card that is probably not his or her own.

   If you have not done at least one "Articulating Beliefs Exercise already (in lesson 11 and/or 12), begin by preparing the class to explain someone **else's** beliefs:

   > *You each have a card in your hand with which you may or may not agree. I won't be putting you on the spot to express your* ***own*** *beliefs at all. Instead you will have to try to articulate* ***someone's*** *beliefs ... in response to each of the six questions. It may be a value you share, and it may be a value with which you personally disagree. In any case, your job is to explain and defend it, whether you truly agree with it or not.*

   Put **Transparency 1** on the screen. Ask people to go to the corner of the room represented by the letter on the card they are holding. As some open ended questions to generate discussion:

   > *Those of you in group "a", tell us why a person might support "abstinence only" education. How would you convince the school board to adopt a policy of "no teaching about safer sex"? (Remind students to speak as if they actually believed what their card says, if they can do this respectfully. However, it is better for them to*

respond in the third person ["A person might believe this because ..."] than to role play in a disdainful tone.)

Group "b", how do you think teaching about safer sex will make students feel if they are virgins? If you want safer sex to be discussed in school, do you want condoms available there too? Why or why not?

Those of you whose cards say you don't believe any sexuality education should be taught in school ... why not? Where else would you want children to learn about sexuality? If you were a sexuality educator, what would you do to help parents provide more of the sexuality education children need?

Repeat the process with Transparencies 2 through 5. Make sure you challenge each group with equally respectful questions, and that you help those in a minority-opinion group to articulate their positions as eloquently as those in larger groups. Possible discussion questions for **Transparency 2** include:

Those in group "a", tell us why a person might believe that it's wrong to provide sterile needles?

What if an addict is not ready to choose drug treatment or cannot get into a treatment program (there is sometimes a several month waiting list), group "a"? What should he or she do? If you were the Public Health Department, and you weren't allowed to distribute sterile syringes, how would you go about encouraging people to give up addictions?

Group "b", why would folks think the health department ***should*** *be allowed to hand out clean needles? Should they only exchange them for used needles, or supply them, even without an exchange? How would you ensure that a needle-exchange program didn't encourage people to use drugs? How would you encourage people to seek treatment, if you were exchanging needles?*

Group "c", your position may make an addict take more responsibility, but what about those who can't afford to buy their "works"? If you were an addict how would you feel about going to a pharmacy for your syringes? What might make it easier or harder?

Possible discussion questions for **Transparency 3** include:

Those of you in group "a", why do some people believe that every doctor should be required to be tested? Should they all have to give up their practices if they find out they are HIV-positive? What about those who do not do surgery or other risky procedures? How will we replace those doctors as the rate of infection grows? (In some parts of the country there is a severe doctor shortage. What if people are dying because so many doctors have to quit?)

Group "b", your cards say that certain health care workers should be required to get tested. Who? How would you decide which groups to test? Testing is expensive and some people fear it will come out of AIDS research or education monies; where should the money come from?

Those of you whose card said "c", that no health care workers should have to be tested, tell us why not. If you wouldn't require testing, how would you encourage people to be tested? How would you feel if you knew your doctor had HIV Disease? If you beleive that testing should be a health care worker's own decision, what requirements do you think there ***should*** *be, to protect the safety of the patient?*

Possible discussion questions for **Transparency 4** include:

> *Group "a", if it's wrong, tell us why ... why should a couple not plan (or risk) a pregnancy? Would it be different from other genetic problems that a parent can pass to a child? Is it always wrong to risk it, if you know you have a genetic disease that could be passed on? Why or why not?*
>
> *Group "b", why, if it's wrong to do, should the law stay out of it? How is it different from child abuse?*
>
> *Those of you whose card says you don't think it's necessarily wrong, tell us why not. What do you think a person or couple should think about, in making this kind of decision?*

Possible discussion questions for **Transparency 5** include:

> *Group "a", your cards say that it's wrong for a hospital or health care worker to refuse to treat people with HIV. Why is it wrong? What if a worker is pregnant or has some special reason to want to protect him or herself? How might you feel about working with patients who had AIDS, if you were the nurse, the dentist, etc.?*
>
> *Group "b", what if people with HIV have to wait twice as long as other people for doctors' appointments, because half as many doctors agree to treat them? If you were the health care worker, what would you decide? What if your roommates or family members objected, what would you say to them?*
>
> *Group "c", how is a hospital's responsibility different from an individual worker's? What if you are a hospital administrator with a responsibility to accept HIV positive patients, but no staff willing to work with them? What would you do?*

Possible discussion questions for **Transparency 6** include:

> *Group "a", your cards say that some people deserve this Disease. Who? Why? How is this different from lung cancer or heart disease (both of which have behavioral causes) ... or is it? What does it mean to "deserve" something?*
>
> *Group "b", why do some people believe that no one deserves to get AIDS? If you are paralyzed in a car crash because you didn't wear a seat belt, isn't it your fault? Why or why not? How do you think people would treat you, compared to how they treat people with AIDS?*

3. Invite discussion about the Exercise. Elicit students' comments about how it felt to have to explain an opinion they might not have agreed with.

   Ask if there were any others of the homework questions that students wanted to hear other people's opinions about. If so, encourage people to protect their own and others' privacy, by starting each statement with, "One person I talked with believed that ..."

   Finally, emphasize as on the other days you did Articulating Beliefs Exercises, that people can disagree and still live side-by-side, with respect and appreciation for their differences, in a democratic society.

a. In my opinion, schools should teach about abstinence and support people's choosing to wait, period.

b. I think they should also teach about "safer sex" (masturbation, condoms, etc.).

c. I don't believe that schools should be in the business of teaching about sexuality at all.

HIV & Society Transparency 2

a. I think it's wrong for public health workers to give out clean needles to people who use IV drugs.

b. I think needle exchange programs are the right thing to do.

c. I think it should be against the law to give clean needles away, but people should be able to buy them in a drug store.

HIV & Society Transparency 3

a. I believe that every doctor should be required by law to have an HIV anti-body test.

b. Surgeons and certain other health workers should have to be tested for HIV, but not every doctor.

c. In my opinion, doctors should be encouraged to get tested, but not required by law to do it.

HIV & Society Transparency 4

a. In my opinion, it is wrong for a couple to get pregnant if one of them has HIV. The law should require them to have their tubes tied.

b. They would be wrong to get pregnant, but the law should stay out of it.

c. They have a right to have children, as far as I'm concerned.

HIV & Society Transparency 5

a. I believe it's wrong for a hospital or a health care worker to refuse to treat a patient because the patient has HIV Disease.

b. I think each hospital and health care worker should get to decide. They have rights, too.

c. Each health care worker should get to decide, but I think it's wrong for a hospital to turn people away because they have HIV.

HIV & Society Transparency 6

a. Some people with AIDS are innocent victims, but there are others who, in my opinion, deserve what they get.

b. Nobody deserves to get AIDS, as far as I'm concerned.

Lesson Plan 16

The Sexual Response System

Student Learning Objectives:

to be able to ...

1. Define the sexual response system and distinguish it from the reproductive system.
2. Describe the three phases of human sexual response.
3. Describe at least three of the five most common sexual concerns/dysfunctions.
4. List the four categories of causes of sexual concerns/dysfunctions: misconceptions and myths, feelings and values, alcohol and other drugs, and medical factors. Give an example from each category.
5. Recognize that s/he is already capable of resolving some common sexual response concerns (e.g., by acting consistently with his/her own values, abstaining from alcohol and certain other drugs) and describe a situation where professional help may be needed.

Materials Needed:

- PHOTOCOPIES

  One set of ...
    Sexual Response System Transparencies 1-5

  One per student of ...
    Sexual Response System Worksheet
    Sexuality and Sexual Response Resource List

  Two sets of ...Scenario Cards 1-5 *

  Ten per class of ...Response and Dysfunction Reference Sheets 1-4 **

  * *We suggest taping these "cards" to 5X8" index cards, to make them more durable*

  ** *These are primarily for small group use, but there may be a handful of students in each class with a particular interest in keeping a personal copy*

Time Needed:

One class period

Agenda:

1. Discuss the lesson's purpose and relevance.
2. Define the sexual response system and distinguish it from the reproductive system, using Transparencies 1-2.
3. Use the Worksheet and Transparencies 3-5 to:
   - explain the system's healthy functioning (the three phases of human sexual response),
   - introduce the five most common sexual response concerns/dysfunctions, and
   - introduce the four categories of causes forthese concerns/dysfunctions.
4. Use the Scenario Cards and Reference Sheets in small groups, so that students can practice applying these new concepts. Debrief with the whole class.
5. Discuss simple, "low-tech" ways that many sexual response concerns can be resolved by the individual or couple, themselves and suggest how one might know when professional help is needed.
6. Hand out the Sexual Response Resource List and, if requested, the Reference Sheets.

Rationale:

One of the goals of the entire **FLASH** curriculum is to discourage premature sexual involvement.

There are any number of good reasons for teens to wait: to reduce their risk of giving or getting STDs, including HIV Disease; to reduce the risk of an unplanned pregnancy; to reduce the pressures that lead to sexual exploitation. There is **one** very valid reason to wait, that most curricula never address: some early sexual experiences are disappointing, hurtful or lonely and lead to later sexual dysfunction ... especially when they are clouded by ignorance, alcohol and other drugs, and lack of communication. This lesson is intended to help students recognize this potential consequence of their choices. It's hoped that it will encourage some to abstain from early sexual intercourse. It may help others avoid the kinds of early sexual experiences that could be most damaging to their long-term sexual health.

A second goal of the **FLASH** curriculum is to prepare students for **life-long** sexual health... and to increase the likelihood of their communicating well and experiencing satisfaction in marriage or other long-term adult relationships.

Regardless of the age at which they decide to become sexually intimate, or their marital status at that time, many will at some point have sexual concerns. If education can, as some experts contend, resolve a full fifty percent of all sexual response concerns (**before** they become dysfunctions), we have an obligation as educators to provide that education. The lesson attempts to:

- convey the attitude that our sexuality (including the sexual response system) is a gift,
- provide a positive, uncomplicated knowledge base regarding the sexual response system,
- replace common myths and misconceptions with accurate information about male and female sexual response,
- reassure students of the wide range of "normal" sexual response,
- help students recognize, name and be able to discuss some of the most common sexual response concerns,
- make clear that sexual response problems may be caused by one or more factors, including:
    1. myths, misconceptions and miscommunication,
    2. feelings and values (sometimes in reaction to negative early sexual experiences),
    3. alcohol and other drug use, and
    4. medical factors,
- give learners the tools for simple self-help, and
- suggest how to know when professional help may be called for and where to go to access it.

Juniors and seniors in high school are, for the most part, developmentally ready for the challenge. They know that romantic relationships take effort and they want and need to begin to grapple with some of the difficult issues that couples face. Of course, each educator knows his or her students best. Their social and emotional maturity must be factored into the decision about whether to use a lesson on the sexual response system.

Selected Sources for the lesson:

Contraceptive Technology 1990–1992, Robert A. Hatcher et al, Irvington Publishers, New York, NY, 1990.

"Dyspareunia, An Uncomfortable Topic", Martin Goldberg, Alan J. Wabrek, and Ronald L. Young, **Patient Care**, (pp 57-59, 63-64), April 15, 1987.

The Family Book About Sexuality, Mary S. Calderone and Eric W. JohnsonHarper and Row Publishers, New York, NY, 1981.

"An Intimate Guide to Erection Problems", **Men's Reproductive Health** 2:2 (pp 1, 4-8), Spring, 1988.

Learning About Sex: The Contemporary Guide for Young Adults, Gary F. Kelly, Barron's Educational Series, Woodbury, NY, 1986.

"Male Sexual Dysfunction and Psychoactive Drug Use", **Sexual Dysfunction**, 71:1, January, 1982.

The Medical Letter On Drugs and Therapeutics, 29:744, July 17, 1987.

"The Power of Language: Baseball as a Sexual Metaphor in American Culture", **SIECUS Report**, 19:5 (pp 1-6), June/July, 1991.

"Sex and Drugs: Talk the Truth to Young People", **Carrera / Spain Adolescent Sexuality Report**, 1:2 (pp 1-2, 6-9), March-April, 1988.

Sex: The Facts, The Acts, and Your Feelings, Michael Carrera, Crown Publishers, New York, NY, 1981.

"Sexual Behavior: What Is the 'Norm'?", **The Female Patient**, 7 (pp 45-49), May, 1982.

"Sexual Dysfunction in Users of Cocaine and Alcohol", **Medical Times**, 115:11 (pp 103-109), November, 1987.

"Sexuality and Disability",**SIECUS Report**, 14:4 (pp 1-3), March, 1986.

SIECUS bibliographies entitled: "Sexuality and Disability", "Current Books on Sexuality", " Bibliography of Religious Publications and Sex Education"

"Steroid Facts", **Family Life Educator**, 8:3 (pp 14-15), Spring, 1990.

Also very helpful were conversations and correspondence with a number of experts, especially **Dr. Carolyn "Libby" Livingston** of Seattle Sexual Health Center, **Dr. Irene Peters** of the Sex Information Line, and **Dr. Vivien Hanson** of the Seattle-King County Department of Public Health.

ACTIVITIES:

1. Provide a glimpse of the importance of the lesson:

   Today we are going to talk about sexual response. Sexual feelings. Sexual problems.

   Acknowledge that sexual response is a somewhat controversial issue:

   Most people believe that, under the right circumstances, sex is supposed to be pleasurable ... physically, emotionally, and, some believe, spiritually. People disagree, as you know, about what those right circumstances are (marriage? emotional maturity? love? etc.) Some people, however, believe sex is ***not*** *meant for enjoyment, at least not physical enjoyment,* ***regardless*** *of the circumstances. They believe it should be only for reproduction, or perhaps for emotional and spiritual intimacy, but not for physical pleasure. This lesson is not intended to debate the issue. Both groups of people are absolutely entitled to their opinions. What this lesson* ***does*** *intend is to provide you with accurate facts about:*

   - *what the sexual response system is and how it functions,*
   - *some common sexual problems and their causes,*
   - *possible simple solutions for some of those problems,*
   - *and when and where people might want to seek expert help.*

   Why are we studying this?

   - *because there are all sorts of myths and misconceptions about the sexual response system, and*
   - *because most of us in this room some day will have questions or concerns about our sexual response, and possibly dysfunctions, and*
   - *because, in about half of all situations, education alone solves the sexual response concern, and*
   - *because ignorance can lead to embarrassment, so that some people can't even talk about these concerns with a doctor or other health care provider, and*
   - *So that you can act as sources of accurate information for your family and friends.*

2. Define the sexual response system and distinguish it from the reproductive system, using Transparencies 1 and 2.

   The sexual response system is *the set of body organs and structures (internal and external), which have to do with sexual feelings (desire, sensation, arousal, physical pleasure, orgasm). It includes parts of:*

   - *the reproductive system (e.g., genitals, lubricating glands),*
   - *the nervous system (e.g., the brain, nerves, skin)*
   - *the circulatory system (e.g., heart, blood vessels, etc.)*
   - *the musculo-skeletal system (all the muscles of the body especially, but not only, those of the pelvic area)*

This differs from the reproductive system, although there is overlap. ***The reproductive system is*** *the set of body organs and structures which have to do with creating babies.* ***It doesn't technically include*** *parts such as the clitoris (whose only function is sexual response), the breasts or other non-genital erogenous zones.* ***It does include*** *parts that are only peripheral to (rather than essential components of) sexual response, such as the seminal vesicles and the fallopian tubes.*

3. Hand out the Sexual Response System Worksheet. Use Transparencies 3-5 and the lecture notes below, to help students fill in the Worksheet, as a large group exercise. Point out that there is space on the Worksheet for them to jot notes as you lecture, rather than just filling in the blanks.

TRANSPARENCY 3: Human Sexual Response

Phase I: Desire

The first phase in sexual response is ***desire*** *(sometimes called* ***libido.****) Desire is more a matter of "****interest****" — like one's interest in music or sports — than of "****drive****" — like one's need for food or water.*

It is more an interest (a want) than a drive (a need) in a number of ways. First, we all experience it differently. Just as some people are more interested in music than others ... some are more interested in sexual fantasy and behavior than others. And just as a person's interest in sports may be higher for a few months or years, and then lower, and then higher again ... so may a person's sexual desire rise and fall at various times in his or her life. It is also not a need, exactly, in the sense that people can survive who have no sexual desire at all, whereas a person who never experiences hunger or thirst will probably die.

Emphasize that it is also very possible to experience desire and not act on the feelings ... to simply enjoy the feelings.

Phase II: Arousal

Sometimes though, people do go on. The second phase is ***arousal****. If the person lets him or herself fantasize or begin sexual touch (alone or with someone else), desire becomes arousal. A number of changes begin to occur in the body.*

1. The change people most notice is that blood gathers in the genital area.

- *In women, the extra blood fills spongy tissue in the clitoris, causing it to swell and become erect. And the blood puts pressure on the walls of the vagina, squeezing a clear fluid through, making the vagina much wetter.*
- *In men, this extra blood fills spongy tissue in the penis, causing it to get larger and harder and stand out from the body (this is, of course, an "****erection****"). The blood also puts pressure on the Cowper's glands, causing some clear, slippery fluid to be released.*

2. *Also during this phase, in both sexes:*
   - *the muscles (especially in the pelvic area) tighten,*
   - *the nipples may become erect,*
   - *the areola (the dark area around the nipples) may become darker and larger, and*
   - *the pulse rate and blood pressure increase.*
3. *Some people's skin gets flushed, sort of like a rash.*
4. *In women:*
   - *the labia minora also swell and darken,*
   - *the uterus enlarges and is pulled up in the lower abdomen,*
   - *the vagina lengthens and widens, and*
   - *the clitoris eventually withdraws under its hood.*

Point out that, just as its possible to have desire and not move to arousal, it is also possible to have arousal and not do anything with it ... except to enjoy the feelings.

Phase III: Release

*Whether or not people go on fantasizing or touching, they will reach the last phase of sexual response: release. "**Release**" can be rather fast or more gradual.*

*When it is fast, it begins with "**orgasm**" ... a three- to ten-second series of muscle contractions, triggered by the brain. When a woman has an orgasm, her uterus and the outer third of her vagina contract. When a man has an orgasm, the muscles in his abdomen and penis contract ... often forcing out semen. This is called "**ejaculating**". Usually, a man ejaculates when he has an orgasm, but not always.*

Then, with or without orgasm, the body returns to its resting state. This happens more quickly (within minutes or hours) if a person has had an orgasm. People often describe their feelings during this time as ones of peace and well-being. If a couple has been making love, this period of gradual return-to-normal can be a very close, important time for them. Without an orgasm, this return-to-normal stage takes hours or, in some cases, a couple of days.

In human beings, this 3-stage sexual response cycle is controlled partly by the body (hormones, nervous system, etc.) and, to a very great extent, by the mind (feelings, beliefs). So sexual problems are sometimes physical and sometimes emotional ... and sometimes both.

***Ask the class**: How long do these three phases last?*

Our answer: It's extremely variable. When someone is infatuated, sometimes desire is a 24-hour a day state of being. At other times in your life, it may come and go, or be absent all together for weeks or months at a time. Similarly, arousal may last for a moment or for hours. Release may happen within seconds, if a person has an orgasm, or take days, if not.

TRANSPARENCY 4: Common Concerns/Dysfunctions

*For each problem, let me define it and explain how it might be caused by a simple misunderstanding about a perfectly normal process. I need to make clear, up front, though, that for each dysfunction, there **may** be causes that take more than accurate information to resolve.*

a. LACK OF (or inhibited) DESIRE

*In many cases, the problem is not that one person is not at **all** interested. It is that the two people have different **levels** of desire. So the "problem" can be simply that the couple thinks one of the two is normal ... with the implication that the other is **ab**normal. In a heterosexual couple, if the man has the lower libido (that is, if he is less interested in sex than his partner) both people may be afraid there's something wrong with them ... based on the myth that men always want sex and women rarely do. However, there certainly **are** other situations where the problem is more complicated than this.*

b. TROUBLE GETTING (or keeping) AN ERECTION

*Over half of men have problems with erection on occasion. It is only a problem if it worries the individual, or if it lasts for a long time (months). There is often a simple cause or a temporary lack of erection. Alcohol is probably the most common cause. A couple of beers, for instance, might prevent a man's body from responding. However, his **concern** can turn a temporary ebbing into a longer term issue. The problem may be perpetuated, simply because he is so worried about it. Again, of course, there **may** be more complex issues involved.*

c. RAPID EJACULATION

*This is sometimes called "premature ejaculation", but the term implies that there is a specific length of time a sexual experience should last, prior to ejaculation. That's not true. The problem is not how long an erection lasts, per se, but rather that the man, or the couple, **wants** to delay his release and he isn't able to. People sometimes reach orgasm more quickly than they or their partners would like. There can be a variety of reasons for this. If it is an ongoing problem for a person/couple, professional intervention is often able to resolve it. This and erection concerns are the two most common problems men bring to physicians and sex therapists.*

d. LACK OF (or delayed) ORGASM OR EJACULATION

*Sometimes it simply takes **longer** for a person to reach orgasm, than he or she thinks it "should" ... longer than it seems to in books or during masturbation. Each person has a different sense of timing. Some men and women have orgasms very quickly (i.e., 1-5 minutes) and others take longer (i.e., 60 minutes or more). All is within the range of normal.*

Sometimes the problem is that people just don't communicate with their partners about their sexual wants and needs. As they mature and learn more about their bodies, talking about sexual feelings and behavior with a partner may become more comfortable.

Then again, some people just don't have orgasms every time they have sex. Sex can be enjoyable, for a man or a woman, without an orgasm. And, in a woman, the problem ***may*** *not even* ***be*** *that she's not having orgasms. She may be having them and not recognizing them ... if she has mythical expectations (rockets exploding and earth shaking, as may have been "observed" in erotic films or described by friends).*

So, delayed orgasm, or none at all, is often a problem that can be "solved" by learning more about the body. However for some people, male and female, it is an ongoing problem, caused by more than lack of information. In women, this and inhibited desire are probably the two most common concerns reported to specialists.

e. PAIN WITH SEXUAL INTERCOURSE

In women, the most common reason for discomfort or pain with intercourse is dryness (lack of natural lubrication in the vagina). Why might there be too little moisture? Perhaps the most common issue is ***hurrying****. A woman's partner may become aroused more quickly than she does. It takes each person a different amount of time and a different amount, or type, of stimulation. The body cannot be rushed. Again, learning about the body, replacing myths with knowledge, can solve the problem, if this is the cause. There may, of course, be other causes of dryness, besides hurrying. The rectum has less natural moisture, for instance, so that dryness with anal sex is not a matter of hurrying.*

Another reason for a little pain, the first time a woman has vaginal penetration, could be the presence of an unstretched hymen. Some women have very little, if any, hymen at the opening to the vagina ... they were born with very little extra skin here, or have long since stretched it out of the way through sports, tampon use, or masturbation. But if there is still any unstretched tissue, there may be some discomfort with first intercourse.

Sometimes, men ***and*** *women can experience pain for reasons other than dryness or an unstretched hymen. We will address these reasons in a few minutes.*

TRANSPARENCY 5: Causes of Concerns/Dysfunctions

1. ***MYTHS****, and* ***MISUNDERSTANDINGS*** *about bodies, along with confusion and communication problems ... all these can cause dissatisfaction with one's sexual response system. In fact, ignorance and miscommunication are the* ***most*** *common factors "to blame".*

   Have the class think of a couple of examples of myths and misunderstandings that might affect sexual response. For example: "Men want sex most of the time. Women don't want it as much." Ask the class **how** believing this myth might affect a person's sexual response.

2. ***FEELINGS*** *and* ***VALUES*** *influence our sexual response.*

   Again, the class may be able to suggest examples. Use Reference Sheet 2 for an idea or two if the students draw a blank.

3. ***ALCOHOL** and some other **DRUGS** may also affect the sexual response system.*

   Again, elicit an example or two from the class. You can refer to Reference Sheet 3, if necessary.

4. *Finally, **MEDICAL FACTORS** sometimes cause dysfunctions.*

   Elicit examples and refer, as needed, to Reference Sheet 4.

4. Use the "Scenario Exercise" to give students an opportunity to apply their understanding of the concerns/dysfunctions and their causes. Divide the class in ten groups with two or three students per group. Their job is to complete the last section of their Worksheets cooperatively in these small groups. Provide each small group with one set of all four Reference Sheets and with one Scenario Card. There will be two groups working with each of the five scenarios. Allow five or six minutes for their small group work and ten to fifteen minutes for very brief verbal reports back to the large group.

5. Especially if you **don't** have enough time for the "Scenario Exercise", do take five minutes for a brainstorm of self-help solutions:

   *If a person or couple is experiencing a sexual response problem, they **may** be able to resolve it themselves, without professional help ... depending on its cause. What kinds of things might the person or couple try?*

   Answers might include:

   - A person could try eliminating all **illegal and over-the-counter drug use**, including use of alcohol.
   - He or she (or they) could think about possible **value conflicts**. Do they both truly feel the behavior is right? Even some married people have been so conditioned to believe that sex is dirty, that they truly can't let themselves want it.
   - A couple could talk over **feelings and stresses** they are experiencing, as individuals and as a couple ... talk with each other, if they can ... or with someone else, if they can't. And focus on the playful, affectionate aspects of the relationship, instead of "performance".
   - They might want to **read about, and try, specific exercises** for learning to delay ejaculation or for learning to have orgasms (both of which can be "learned").
   - A couple should remember that it's OK (healthy, normal, to be expected) **not to be attracted to everyone** ... even people who others find attractive.
   - A person should remember that it's OK (healthy, normal, to be expected) to have **differing levels of desire** from one another ... and from last week or last year. Try negotiating, with patience and respect for one another's feelings.
   - A person needs to realize that he or she is no less a "**real man**" or a "**real woman**" no matter what his or her level of desire.
   - Both people have to understand that **very many men** experience occasional inability to get or maintain an erection.

- As a man ages, it helps to remember that the **speed and firmness** of erections may decline naturally in middle and elder adulthood ... and that speed isn't the goal.
- He should also remember that it's normal for most men to be **unable to get an erection for some time after ejaculating** and that the **duration** of that "refractory period" increases with age.
- Both people have to understand that **penis size (and breast size, for that matter) varies considerably**, and that it's almost never related to either person's enjoyment.
- A couple should keep in mind that **lovemaking is more** than sexual intercourse.
- It helps if they remember that it is OK (normal, healthy) **not to have an orgasm** every time one has sex. Sex is a shared experience, a way of being together, not a sport with a goal.

Discuss, also, how a person or couple might know "when it's time to see an expert". Again, elicit students' input.

Our suggestions are:

- If they've tried the above ideas with no success or have run out of ideas (**not** getting professional help at that point can "lock in" a problem with a sense of hopelessness and ill-will),
- If they are using any prescription medications (It is important to go back to the prescribing clinician and discuss the possibility of its effecting sexual functioning. Perhaps the clinician can lower the dosage or change to a different drug. **But the patient should *never* just stop taking a medicine, or change dosages without the clinician's knowledge**!),
- If only one of the partners is willing to work on a shared problem, or if they can't figure out how to talk with one another without outside help.
- If they think the problem might stem from negative sexual experiences, especially exploitive ones such as child sexual abuse and rape. Healing and full recovery are very possible, but often not without professional help.
- If they already know of an illness, injury or congenital disorder that might be causing the problem.
- If they think the problem may stem from deeply-held attitudes and they think that only therapy will help.

6. Hand out the Sexuality and Sexual Response Resource List. Have students take it home for future reference; it need not be discussed in class. There may also be some students who would like personal copies of the Reference Sheets to take home.

Sexual Response System Transparency 1

Sexual Response System:

The set of organs and structures which have to do with sexual feelings.

It includes parts
of other systems, notably:

the Reproductive System,

the Nervous System,

the Circulatory System and

the Musculo-skeletal System.

Reproductive System :

The set of organs and structures which have to do with creating babies.

It includes parts
of other systems, notably:

the Endocrine System,

the Musculo-skeletal System, and

in males, the Urinary System.

Sexual Response System Transparency 3

Human Sexual Response:

Phase I = Desire
(libido, interest)

It is possible to
"just enjoy the
feelings"(not act)

Phase II = Arousal
(physical response)

It is possible to
"just enjoy the
feelings"(not act)

Phase III = Release
(rapid/orgasm or gradual)

Sexual Response System Transparency 4

Common Concerns / Dysfunctions:

a. **lack of** (or inhibited) **desire**

b. **trouble getting** (or keeping) **an erection**

c. **rapid ejaculation**

d. **lack of** (or delayed) **orgasm or ejaculation**

e. **pain with sexual intercourse**

Causes of Concerns / Dysfunctions:

1. Myths and misconceptions

"Am I 'normal'?"
"Are we doing this 'right'?"

2. Feelings and values

"I'm too angry [scared, tired, etc.]."
"This goes against my beliefs."

3. Alcohol and other drugs

"I only had a couple of beers!"
"Could this medicine be affecting my sexual feelings?"

4. Medical factors

"Why didn't anyone tell me this disease could affect my sex life!?"
"This operation seems to have changed my sexual response."

Sexual Response System Worksheet

NAME DATE PERIOD

Sexual Response System : the set of organs and structures which have to do with sexual feelings.

At what ages is the reproductive system able to function? ____________________

At what ages is the sexual response system able to function? ____________________

Human Sexual Response : When it is healthy and functioning as it should, it consists of three phases ...

Phase I = ____________________

Phase II = ____________________

Phase III = ____________________

It is possible to "just enjoy the feelings" of desire or arousal, without having to act on them.

True or false? __________

Common Concerns / Dysfunctions : At some in their lives, many people have concerns about their sexual response. If these concerns become long-term problems that begin to interfere with a person's life, they may be called "dysfunctions". The most common concerns people talk with experts about are these:

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

NOTE: Throughout this lesson, the word "intercourse" has been used to mean all forms of intercourse : oral, anal and vaginal, except where specified.

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Causes of Concerns / Dysfunctions: In about half of all sexual concerns, education solves the problem. Why? Because the most common **cause** of sexual response problems is ...

1. ____

Other common causes of sexual response problems include ...

2. ____

3. ____

4. ____

Scenario Exercise ____:

1. What is this person's or couple's concern or dysfunction?

   ______lack of desire

   ______trouble getting or keeping an erection

   ______rapid ejaculation

   ______lack of or delayed orgasm or ejaculation

   ______pain with intercourse

2. What myths or misconceptions might be causing this person's or couple's problem?

3. What else, besides myths and misconceptions, could be causing the problem? (Be specific.)

4. If you were a health care worker, or clergy person (but not a specialist), and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about, or try. If those ideas don't help, you can always send them to an expert.

Sexuality And Sexual Response Resource List

GENERAL TITLES:

Our Sexuality, Robert Crooks and Karla Bauer, Benjamin/Cummings Publishing, Redwood City, CA (revised 1990) -- an excellent college-level text

The Family Book About Sexuality, Mary S. Calderone and Eric Johnson, Harper and Row, New York, NY (revised 1989)

Male Sexuality, Bernie Zilbergeld and John Ullman, Bantam, New York, NY (1978)

A Woman's Experience of Sex, Sheila Kitzinger, Putnam Press, New York, NY (1983)

Changing Bodies, Changing Lives, Ruth Bell, Random House, Westminster, MD (revised 1987)

Dr. Michael Carrera's Sexual Health for Men: Your A to Z Guide and **Dr. Michael Carrera's Sexual Health for Women: Your A to Z Guide**, Michael Carrera, Michael Friedman Publishing Group, New York, NY (1990)

A FEW RELIGIOUS PERSPECTIVES:

There was no way we could make an all-inclusive list. We have tried to include diverse perspectives, from the very liberal to the very conservative. However, if you don't see a particular faith listed below, call your local church, synagogue, mosque or temple for recommended readings.

A Compilation of Protestant Denominational Statements on Family and Sexuality, National Council of Churches, 475 Riverside Dr., New York, NY 10115 (revised 1982)

Embodiment: An Approach to Sexualtiy and Christian Theology (a Lutheran perspective), Augsburg Publishing House, Minneapolis, MN 55440 (1978)

Love, Sex and Marriage: A Jewish View, Union of American Hebrew Congregations, New York, NY 10021 (revised 1980)

Sexuality: Gift or Burden?, Episcopal Archdiocese of New York, Syracuse, NY 13202 (1980)

Living in Sin? A Bishop Rethinks Human Sexuality (a different Episcopal perspective), John Shelby Spong, Harper and Row Publishers, New York, NY 10022 (1988)

Sexuality (a Church of Christ perspective), Letha Dawson Scanzoni, The Westminster Press, Philadelphia, PA (1984)

Sex and the Single Christian (an evangelical Christian persective), Audrey A. Beslow, Abingdon Press, Nashville, TN (1987)

The Courage to be Chaste (a Roman Catholic perspective), Benedict J. Groeschel, Paulist Press, Mahwah, NJ 07430 (1985)

ON DISABILITIES AND SEXUALITY:

For suggested readings about sexuality for and by people with particular disablities, call one of the phone numbers listed at the end of this resource list. There are books and articles written specifically about sexuality for people with ostomies, hearing impairments, developmental disabilities, visual impairments, cerebral palsy, etc.

Sexuality and Physical Disability: Personal Perspectives, David Bullard and Susan Knight, editors, C.V. Mosby Company, St. Louis, MO (1981)

No Apologies: A Guide to Living with Disability, Written by the Real Authorities - People with Disabilities, Their Families and Friends, Florence Weiner, St. Martin's Press, New York, NY (1986)

Past Due: A Story of Disability, Pregnancy and Birth, Anne Finger, Seal Press (1990)

ON HEALING FROM SEXUAL EXPLOITATION:

The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse, Ellen Bass and Laura Davis, Harper and Row, New York, NY (1988)

Victims No Longer: Men Recovering From Incest and Other Sexual Child Abuse, Mike Lew, Nevraumont Publishers, New York, NY (1988)

Free of the Shadows: Reconvering from Sexual Violence, Caren Adams and Jennifer Fay, New Harbinger, Oalkand, CA (1989)

ON ALCOHOL AND OTHER ADDICTIONS, RECOVERY, AND SEXUALITY:

"Single and Sober", "Now About Sex", "Intimacy" (each pamphlet costs $1-3), **Barriers to Intimacy: For People Torn By Addiction** ($10) Hazelden Publishers, 1-800-328-9000.

OTHER RESOURCES:

The Sex Information Line : (206) 328-7711 (Seattle area) Open 2-8 p.m., Monday through Thursday. They can answer questions and discuss your concerns ... from, *"Should I see a health care provider about this problem?" or "Could this have anything to do with the medicine I take for my heart disease?"* to *"How can I talk to my partner (doctor, family, etc.) about this?"* They can also recommend books on sexual health for people with specific concerns, religious faiths or disabilities.

The Sex Information and Education Council of the United States : (212) 673-3850 (130 W. 42nd St., Suite 2500, New York, NY 10036) They can send bibliographies on a number of topics. They can also suggest specific books and journals.

In any part of the country, we suggest you try your public library, a college or university library, a college or university bookstore, your local medical society and/or psychological association, your local family planning agency.

SCENARIO CARD 1

A: ***"We used to have sex all the time. Now it's always like, 'Not tonight, dear. I have a headache.' What happened? Is it me?"***

B: ***"No. It's not you. I just can't ... it isn't working. I want to, but I get so embarrassed because ... I haven't been able to get an erection."***

1. What is this person's or couple's concern or dysfunction?
2. What myths or misconceptions might be causing this person's or couple's problem ... or contributing to it?
3. What else, besides myths and misconceptions, could be causing or contributing to the problem?
4. If you were a health care worker or clergy person (but not a specialist) and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about or try. If those ideas don't help, you can always send them to an expert.

SCENARIO CARD 2

A: ***"I don't feel excited about sex any more. I don't hate it. It just doesn't do much for me. I feel bad for you, but I don't want to pretend I feel something I don't."***

B: ***"Maybe you just don't love me anymore."***

A: ***"I do love you; it's not that. And I want to want it. I don't know what to do."***

1. What is this person's or couple's concern or dysfunction?
2. What myths or misconceptions might be causing this person's or couple's problem ... or contributing to it?
3. What else, besides myths and misconceptions, could be causing or contributing to the problem?
4. If you were a health care worker or clergy person (but not a specialist) and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about or try. If those ideas don't help, you can always send them to an expert.

SCENARIO CARD 3

***A:** "I 'come' so fast. I'm sorry. I know that you're just getting into it, when it's over. I can't help it."*

***B:** "Maybe it's me. It takes me forever. Maybe there's something wrong with me."*

1. What is this person's or couple's concern or dysfunction?
2. What myths or misconceptions might be causing this person's or couple's problem ... or contributing to it?
3. What else, besides myths and misconceptions, could be causing or contributing to the problem?
4. If you were a health care worker or clergy person (but not a specialist) and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about or try. If those ideas don't help, you can always send them to an expert.

SCENARIO CARD 4

***A:** "Was it as wonderful for you as it was for me?"*

***B:** "Oh ... I can't lie to you. It was good, but I didn't have an orgasm. I don't think I ever do."*

1. What is this person's or couple's concern or dysfunction?
2. What myths or misconceptions might be causing this person's or couple's problem ... or contributing to it?
3. What else, besides myths and misconceptions, could be causing or contributing to the problem?
4. If you were a health care worker or clergy person (but not a specialist) and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about or try. If those ideas don't help, you can always send them to an expert.

SCENARIO CARD 5

***A:** "It hurts. I just can't have sex now, OK?"*

***B:** "OK, but what's wrong? Is it something I'm doing?"*

***A:** "I don't know."*

1. What is this person's or couple's concern or dysfunction?
2. What myths or misconceptions might be causing this person's or couple's problem ... or contributing to it?
3. What else, besides myths and misconceptions, could be causing or contributing to the problem?
4. If you were a health care worker or clergy person (but not a specialist) and this person or couple asked your advice, what would you suggest? Give at least 3 practical ideas of things for them to understand, think about or try. If those ideas don't help, you can always send them to an expert.

Response And Dysfunction Reference Sheet 1:

MYTHS AND MISCONCEPTIONS

which can affect the functioning of the sexual response system

MYTH 1: *"Men want sex most of the time. Women don't want it as much."*

☛ **FACT**: That's an overgeneralization. Each person is unique. Some have higher levels of desire than others, but it has nothing to do with being a "real" man or a "real" woman. Of course, desire is influenced by what we've been taught ... and some guys have been taught to expect to have a high level of desire. But that can just feel like one more pressure sometimes.

MYTH 2: *"Sex is better when both people have an orgasm ... and both at the same time."*

☛ **FACT**: Each couple is different. But sex is better, for most couples, when they don't have such high expectations of themselves, and of each other ... when they just relax. It is not a sport with a goal. It is a way of being together.

MYTH 3: *"The genitals are the most important sex organs."*

☛ **FACT**: The most crucial sex organs are the skin and the brain. Sadly, many people learn (from friends, from pornography, from pop culture) that only their genitals matter. They may find sex disappointing and frustrating. Some couples have to sort of "relearn" the value of massage and other ways of touching.

MYTH 4: *"Sex is better for men with larger penises and for their partners."*

☛ **FACT**: The size of the penis rarely has any relationship to either person's "performance" or enjoyment. But if a man believes the myth that penis-size matters, his worrying can **lead** to sexual problems. This is similar to the myth that the size of a woman's breasts has something to do with her level of desire. That's just not true, either.

MYTH 5: *"Most men lose the ability to have an erection as they age."*

☛ **FACT**: It may take them longer to get an erection than when they were younger. And they may need different kinds of stimulation (just a fantasy may no longer cause an erection, for instance). Some men have less firmness with age. But most men and women are able to have and enjoy sexual relationships for their entire lives.

MYTH 6: *"If you have a little experience, you can tell what the other person wants, without their having to tell you.*

FACT: Nobody is a mind-reader. And experience with other people (or with fictional characters in movies or books), doesn't tell you what this person likes or feels OK about. Only he or she knows what he or she prefers (gentler, less gentle, faster, higher, etc.). It's important for each person in a couple to speak up about his or her feelings, and what he or she likes and dislikes.

MYTH 7: *"Most people can have another orgasm again right away after the first one."*

FACT: That's an overgeneralization. Many women can become aroused again fairly quickly and have a second orgasm. Most men cannot reach orgasm again right after ejaculating. This recovery time is called the "refractory period" and its duration increases with age. It is not something to worry about.

MYTH 8: *"There is probably a medical cause if a man cannot get an erection."*

FACT: At least half of all men are sometimes unable to get an erection. Often it is a simple matter of being under stress or having had a couple of beers. Worrying a lot about it can make it happen again, because the brain is such an important part of sexual response. About half of all **long-term** erection problems are caused by something physical (alcohol or other drugs or medical factors) and about half are caused by psychological factors (myths, feelings).

MYTH 9: *"Women do not enjoy sex after a certain age."*

FACT: Unlike the reproductive system, the sexual response system can function all your life. Women do often have less vaginal lubrication after menopause, as their estrogen level declines, which can cause discomfort. They may find they need an extra lubricant, such as Replens or Slippery Stuff (which most drug stores carry next to the contraceptives). But most women continue to experience sexual desire and arousal as they age.

MYTH 10: *"Most women have orgasms with vaginal intercourse."*

FACT: Each person's body is unique, but many women need more direct stimulation of the clitoris. Some can only have orgasms with manual or oral stimulation. Others prefer indirect stimulation, and often do climax with vaginal intercourse.

Response And Dysfunction Reference Sheet 2:

FEELINGS AND VALUES

which can affect the functioning of the sexual response system

Note two important facts:

1. Each life experience affects each person differently.
2. This list is not meant to be complete. These are a few examples of how feelings and values may influence sexual response.

FATIGUE can cause desire, erection, and orgasm problems. During pregnancy, for instance, some women are simply too tired to feel desire. After the birth, both people's fatigue may cause response problems.

FEAR can cause a man to ejaculate more quickly than usual, or, in either gender, can block orgasm altogether. It could be fear of being "walked in on", fear of pregnancy or a disease, or fear of sexual touch per se.

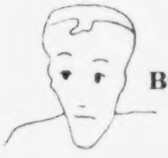
GUILT can impair desire, erection, or orgasm. It means the individual is doing something he or she really believes is wrong, something that conflicts with his or her sexual value system.

SIMPLY NOT FEELING INTERESTED can cause desire and arousal "problems", and can, in turn cause pain with intercourse (because of dryness). The person may not be interested in sex at all, or in this particular person, or people of this particular gender. He or she may just not be interested at this time, or because he or she is feeling pushed or forced into it.

STRESS in the relationship or elsewhere (job change, illness, death of a loved one), can cause desire, erection or orgasm problems. Extreme stress can also cause pain with intercourse.

ANGER at a partner which is not being expressed or heard, can also interfere with desire, erection or orgasm.

DISLIKE OR DISREGARD for one's partner can cause a man to ejaculate quickly or a woman not to lubricate (making intercourse painful for both partners). For instance, a man who considers his own gratification more important than his partner's, could ejaculate quickly. A woman's anger might prevent her from lubricating if she were committing a rape or being raped.



BOREDOM with the sexual relationship can cause inhibited desire, especially when all sense of playfulness and affection has declined (or wasn't present to begin with).

Finally, note that **NEGATIVE PRIOR SEXUAL EXPERIENCES** (especially if they were one's earliest sexual encounters), could lead to any of the feelings listed above. Harmful sexual experiences can include ones that are:

- dehumanizing ... such as with a stranger;
- hurtful, humiliating or fear-inducing ... such as molestation, incest or rape;
- or "just" disappointing or lonely ... such as with someone one isn't especially close to.

These kinds of experiences can associate sex, in the person's mind, with the feelings it once engendered. They can lead to dysfunctions in any of the three phases of sexual response.

That doesn't mean such experiences can't be overcome. People can recover. It may take time and patience ... and, for many people, professional help.

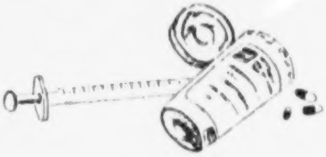
Response And Dysfunction Reference Sheet 3:

EXAMPLES OF ALCOHOL AND OTHER DRUGS

which can affect the functioning of the sexual response system

Note two important facts:

1. Each drug affects each person differently. The same drug may cause a sexual response problem in one person and not in another. If you have concerns about a prescription drug, consult your health care provider. A pharmacist may be able to answer questions about over-the-counter drugs.
2. This list is not meant to be complete. These are a few examples.



DRUG / SUBSTANCE	POSSIBLE EFFECTS *
ALCOHOL	EC, OC, LD

Moderate, recent use may decrease inhibitions, so that it appears to increase desire. However, even one or two beers can impair erection and lubrication and interfere with orgasm. Alcohol, even in small amounts, like many other drugs, reduces judgement. So, besides affecting sexual response, it can lead to sexual risk-taking and/or exploitation.

Prolonged use decreases testosterone in men. In both sexes it can lead to depression, chronic active hepatitis, and cirrhosis ... any of which, in turn, can impair all three phases of response. Besides affecting sexual response, it can cause infertility.

ANABOLIC STEROIDS, withdrawal from	LD

During use, steroids may artificially enhance desire. Therefore during **withdrawal**, the user may notice a sudden loss of desire. Also, if the person has convinced him or herself that enjoyment or performance was only possible because of the drug's use, then giving it up may cause dysfunction.

AMPHETAMINES **	EC, OC
ANTI-ANXIETY DRUGS **	LD, OC, EC

Valium, for example, can interfere with desire or orgasm. BuSpar can affect desire and, in rare cases, can cause erection and ejaculation problems.

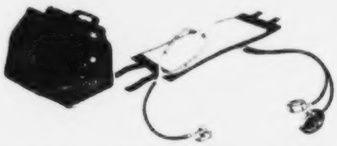
ANTI-CHOLINERGICS (ulcer medicines) **	LD, EC
ANTI-CONVULSANTS **	LD, EC, OC

Response And Dysfunction Reference Sheet 4:

EXAMPLES OF MEDICAL FACTORS
which can affect the functioning of the sexual response system

Note two important facts:

1. Each medical problem, affects each person differently. Some medical problems may cause a sexual dysfunction in one person and not in another. Many people with chronic diseases and disabilities have full sexual function.
2. This list is not meant to be complete. These are a few examples. There are many other medical problems that can affect sexual response. A patient should discuss any concerns with his or her health care provider.



MEDICAL FACTOR	POSSIBLE EFFECTS *
ALLERGIES	PI
A person, male or female, might be allergic to a particular brand of spermicide (birth control cream, jelly, foam, sponge, or lubricated condom). Or someone might be allergic to latex (as in the condom, diaphragm, dental dam, or cervical cap, itself). He or she may be allergic to a particular brand of soap or to vaginal deodorants (as in sprays, douches, and some tampons).	
ARTHRITIS	PI
CEREBRAL PALSY	PI
CIRRHOSIS	LD
CUSHING'S SYNDROME	LD
CURVATURE OF THE PENIS, severe	PI
Mild curvature is not at all unusual, and is generally not painful; severe curvature is less common. It may have been caused by an injury to the ligaments or muscles on one side of the penis. It may be caused by Peyronie's Disease.	
CYSTS OR TUMORS OF THE OVARY	PI
DEPRESSION	LD
DIABETES	LD, EC, OC, PI
ECTOPIC (tubal) PREGNANCY	PI

MEDICAL FACTOR	POSSIBLE EFFECTS *
ENDOMETRIOSIS	PI
HEPATITIS, chronic active	LD
HYPOPITUITARISM	LD
HYPOTHYROIDISM	LD
KIDNEY DISEASE	LD
LUPUS With a chronic terminal disease, like this, desire may wax and wane.	PI, LD
MULTIPLE SCLEROSIS	LD, EC, OC, PI
PARKINSON'S DISEASE	LD
PROSTATE SURGERY, some kinds Prostate surgery sometimes effects ejaculation, even though a man may still have orgasms. Some kinds of prostate surgery can also cause erection problems.	EC, OC
SEXUALLY TRANSMITTED DISEASES, some Some STDs on the genitals or in the vagina or urethra can make sex painful (e.g., trichomonas, monilia, genital herpes). Others may cause pain for women once they travel to the uterus, tubes, or ovaries ** (e.g. gonorrhea, chlamydia). Herpes or shingles on the penis can make it painful to touch.	PI
SPINAL CORD INJURIES, some Note that desire is not usually affected by spinal cord injury. Sex may continue to be an important part of a person's life after a spinal cord injury.	EC, OC
TUBERCULOSIS	LD

* The letters indicate which effect(s) might be caused by a particular medical factor:

LD = Lack of Desire

EC = Erection Concerns (trouble getting or maintaining one)

RE = Rapid Ejaculation (faster than desired)

OC = Orgasm or ejaculation Concerns (delayed or none)

PI = Pain with Intercourse (oral, anal, and/or vaginal)

** Infections in these organs are called "Pelvic Inflammatory Disease" or "PID".

Lesson Plan 17

Abstinence, Attitude & Activism

## Student Learning Objectives:

to be able to ...

1. Define "sexual abstinence" and discuss its potential benefits. List and describe at least 3 negative consequences and 3 positive consequences of sexual intercourse, recognizing that the latter is a controversial issue.
2. Explain the kinds of subtle and overt sexual messages in our society and recognize that these messages can be less influential if one notices and questions them.
3. Describe one way to influence a mass medium and one way to influence a friend or acquaintance, with whom one disagrees.

Materials Needed:

- PHOTOCOPIES

  One per student of ...
    Sexual Influences Worksheet

  One class set of ...
    Activism Reference Sheets 1 and 2 (Responding to the Media, and Responding to Jokes and Slurs) *

  One transparent set of ... Abstinence Transparencies 1 and 2
    Attitude Transparencies 1 and 2
    Activism Transparencies 1 and 2
- SIX LARGE SHEETS OF PAPER
- SIX LEARNING STATION ITEMS of your choice **

  * *One class set of the Reference Sheets may suffice, even if you teach six sections of Health: not every student will want his or her own to keep.*

  ** ***In advance**, you will need to assemble six learning station items. These can be album covers, magazine ads, jokes overheard in your high school, graffiti from your rest rooms, etc. Tape each to a large sheet of white paper with a numeral at the top (1 - 6) and post around the walls of the classroom. See Activity 3 for guidance in choosing items to include.*

Time Needed:

One class period

Agenda:

1. Explain the lesson's relevance and purpose.
2. Use the Abstinence Transparencies to define "abstinence". In pairs, have students consider potential benefits of abstaining from sexual intercourse, negative and positive consequences of sexual activity, their values regarding "a person's readiness" and "a relationship's readiness" for sexual intercourse.
3. Use the Attitude Transparencies to define "attitude". Use the Worksheet and Learning Stations to address the concept that sexual messages surround us and to help students consider the nature of those messages.
4. Use the Activism Transparencies to define "activism". Use the Reference Sheets and discussion to introduce the concept that each of us can question and influence the media and our friends and acquaintances ... that we do not need to be the passive recipients of others' influence regarding sexuality.

ACTIVITIES:

1. Explain the lesson's relevance and purpose:

   Most of you will be leaving home soon ...

   - *A few of you may already be married and some will be right after you graduate from high school.*
   - *Some of you may already be living by yourselves or with roommates and others will be once you graduate.*
   - *Some of you will be living in a college dorm or an army barracks.*

   You will be facing the same old pressures and new ones, too ... with more responsibility and less outside guidance. You've grown up in a sex-saturated society. You've spent the last 16 or 18 years surrounded by subtle and not-so-subtle sexual messages ... on billboards, radio, television; in magazines, graffiti, and jokes; in conversations with friends and family; in the newspaper, video games, movies, pamphlets in your doctor's office, books, and sometimes from the pulpit.

   Sometimes the messages about sexuality conflict with one another. Often the make-believe world portrayed is nothing like reality. Today, you will have an opportunity to consider:

   - *your criteria for what is **best** with respect to sexual behavior,*
   - *what **kinds** of sexual messages and pressures surround you,*
   - *how your attitude **about** those messages can make them more influential or less influential,*
   - *how you can become an activist ... actively influencing others (and even the media), instead of being the passive recipient of others' influence.*

2. Use Abstinence Transparencies 1 and 2 to explain the term and to make clear that different people define "sexual abstinence" differently.

   Put three headings on the blackboard:

   "Possible Negative Consequences of Sexual Activity" and

   "Possible Positive Consequences of Sexual Activity" and

   "Benefits of Abstinence"

   Have people turn to a partner and take turns listing negative consequences. Explain that they should include any potential negative consequences for any kind of sexual behavior. Explain that each person **must** take at least two turns before "passing". That way STDs and Pregnancy, the easy answers, will not be their **only** answers. After about a minute and a half, stop them and have volunteers report their answers aloud, as you jot down the key words. The list should include, at least, these seven factors:

   - ***unintended pregnancy***
   - ***sexually transmitted disease***
   - ***future sexual dysfunctions*** *(problems with sexual response)*

- ***intensified loneliness and/or depression***
- ***jail or other legal consequences***
- ***emotional hurt and/or disappointment*** *(your own or that of people you love)*
- ***guilt and regret***

You may want to elaborate upon these seven factors, or invite students to elaborate:

What's so hard about *unintended pregnancy*?

ONE ANSWER: Having to face ...

1. becoming a parent when one isn't ready, and having to support a child emotionally and/or financially for at least 18 years,
2. having an abortion [or one's partner having one], or
3. making an adoption plan for one's baby
4. other people's judgements of you ... none of which is easy or painless.

Point out that unplanned pregnancies are sometimes so upsetting, a woman considers suicide.

***But aren't some sexually transmitted diseases* just nuisances?**

ONE ANSWER: Yes, some are. One "nuisance infection" is pubic lice [curable without any permanent damage]. But at the other extreme, are life-threatening, incurable infections, such as Human Immunodeficiency Virus [the one that usually, if not always, leads to AIDS].

What kind of sexual experience could lead to *future sexual dysfunctions (problems with sexual response)*?

POSSIBLE ANSWERS:

1. Any experience that you feel bad about (especially if you feel scared, degraded, or guilty at the time) or
2. Any experience with someone you don't like (especially an impersonal, dehumanizing one, like one with a stranger).

When might sex only *intensify a person's loneliness and/or depression*?

POSSIBLE ANSWERS: When they do it ...

1. out of obligation or pity or
2. to prove something or
3. to escape boredom
4. to make someone like them or to "catch" or hold on to the person

When might a person face *jail or other legal consequences for having sex*?

ANSWER: In Washington State, the following behaviors are illegal: *

1. sex with someone under age 11 ... if you are 13 or older
2. sex with someone 13 or younger ... if you are 16 or older
3. sex with someone 15 or younger ... if you are 18 or older
4. rape (intercourse without the other person's consent)**
5. incest (intercourse between parents and children [including step-children and adopted children] or between siblings ... if you are the parent or older sibling)**
6. any sexual contact, intercourse or other forms of sexual touch, through threat or use of force, or when the victim is physically helpless or doesn't understand (which could be interpreted to include a partner who has been drinking), or when the victim is under 14

Why do people sometimes feel *emotional hurt and/or disappointment* following sex?

POSSIBLE ANSWERS:

1. It is a mediocre (or boring or lonely) experience that doesn't live up to their expectations.
2. They feel that they've been "conned" or "used" because the other person lied to them, or just had different expectations (that weren't really communicated).
3. Even if it is a positive experience, it can lead to emotional pain when the couple subsequently breaks up. (Not that a break-up wouldn't have been painful anyway, but having had intercourse can make it even more so.)

What *people you love* could get hurt or disappointed by something sexual you do?

POSSIBLE ANSWERS:

1. your parents or other family members
2. your spouse/partner or any person to whom you have made a sexual commitment
3. the person with whom you share the sexual experience (and perhaps their family)
4. a child you might be creating

---

* If you live in a state other than Washington, mention your own states laws here. In Washington, oral and anal sex are legal, except in the circumstances described above. This is not true in every state.

** "Intercourse" is defined in the law to include vaginal or anal penetration, however slight, by a penis or an object, as well as oral-genital contact.

What kinds of sexual experiences can lead to *guilt and regret*?

ONE ANSWER: Any that do happen to lead to adverse consequences ... as well as any kind that conflict with your values, your moral code. **For *some* people, that might include one or more of the following ...**

1. forcing or pushing another person into sex
2. having sex when they aren't married
3. having sex with someone they don't care about
4. risking their own and/or someone else's health
5. anything involving deceit
6. a **kind** of touch they believe is wrong (oral or anal intercourse, vaginal intercourse, same-sex touch, masturbation, touching breasts, etc.)
7. sex with someone who isn't old enough to really understand and consent, or who can't because they've been drinking (or using other drugs) or are developmentally disabled
8. sex that breaks a commitment to be monogamous
9. using birth control
10. not using birth control
11. a kind of touch their family or religion would consider wrong

Discuss which consequences apply to **any** kind of sexual behavior and which ones only apply to **certain** behaviors. (Pregnancy, for example, is a possible consequence of only vaginal intercourse, not masturbation, kissing, or oral intercourse. STDs such as HIV could result from any form of intercourse, but not from mutual masturbation [unless there were sores or cuts on one's hands]. Emotional hurt could result even from a kiss, under the wrong circumstances, such as with someone other than one's spouse.)

Next, have the dyads (pairs of students) brainstorm possible **positive** consequences of sex. The point is to paint an honest picture, not to imply that you (the teacher) think that sex can only ever lead to unhappiness! After a minute or so, have volunteers report back. The "possible positive consequences" list should include, at least these seven factors:

- ***a hoped-for pregnancy***
- ***physical pleasure***
- ***emotional pleasure***
- ***learning about your own feelings and your body***
- ***feeling good about yourself and your body***
- ***deepening the bond between you and another human being, your sense of closeness, of intimacy***
- ***spiritual intimacy (a deepening bond with God or a Higher Power of some sort)***

Point out that the issue of "positive consequences" is a value-laden one:

> *Some people believe that all the things we've listed are healthy, ethical outcomes of sex ... that, under the right circumstances, sex is supposed to be pleasurable ... physically as well as emotionally. What those "right circumstances"* ***are*** *is, of course, also a matter of differing opinions.*
>
> *Then, some people believe that, even within marriage, sex is* ***not*** *meant for enjoyment, at least not physical enjoyment. They believe it should be only for reproduction, or perhaps for emotional and spiritual intimacy, but not for physical pleasure.*

Have pairs discuss benefits of sexual abstinence, **besides**, "avoiding negative consequences". Again, have volunteers report back to you. The list should include, at least:

- ***It can free you to invest in other parts of your life (your music, your acting, a sport, etc.). Some people's ambition doesn't leave time and emotional energy for commitment.***
- ***It can deepen the bond between you and another human being, your sense of closeness, of intimacy. Sometimes becoming prematurely sexually intimate interferes with your relationship's ability to deepen.***
- ***It can give you a sense of safety, security, calm.***
- ***It can give you a sense of pride, if it's what you believe is right.***

Finally, have the dyads decide who will be Person A and who will be Person B. Person A has exactly one minute to explain his or her opinion about **"when a person is 'ready' for sexual intercourse."** Then person B will have exactly one minute to explain his or her opinion about **"when a relationship is 'ready' for sexual intercourse."** No reporting will be necessary; in fact, we'd discourage it, as people are expressing their own, perhaps very personal, opinions.

3. Show and discuss briefly the Attitude Transparencies. Notice how both definitions 1 and 2 OF "TO HAVE AN ATTITUDE" could be seen as positive. The first is the more traditional definition. It represents flexibility, open-mindedness: TO HAVE A POINT OF VIEW ON AN ISSUE. The second is a meaning commonly used in youth culture. It represents knowing your own mind and refusing to be swayed: TO BE BRAZEN, BULL-HEADED, BOLD ABOUT AN ISSUE. In either case, your attitude affects how likely you are to be influenced by new messages and pressures.

Hand out the Sexual Influences Worksheet. Point out that you have created six Learning Stations around the periphery of the room.

> *They will give you a chance to examine how our culture (grafitti, advertising, popular music, etc.) affects our attitudes about sexuality... or how it* ***can*** *affect us, if we don't pay attention.*

Have students fill out the Worksheet as they examine the Learning Stations. There is no particular order for the Worksheet or Learning Stations. (They may begin at any Station, filling out the corresponding section of the Worksheet, and then move on to any other Station, and so forth.)

In creating Learning Stations, we recommend:

a. that you use a variety of media (magazine ads, graffiti, album covers, lines from television commercials, etc.)

b. that you choose thought-provoking items that reflect feelings or values about a variety of sexual issues (gender roles, sexual behavior, relationships, body image, etc.)

c. that at least one or two of the items reflect positive, affirming messages.

Create Learning Stations by photocopying and taping each one to a large sheet of white paper, with a numeral at the top (one through six).

Allow people no more than 10 minutes to complete only as many Learning Stations as they can. Discuss their reactions.

4. Use the Activism Transparencies to introduce the concept that each of us can question and influence the media and our friends and acquaintances ... that we do not need to be the passive recipients of others' influence. Hand out the Reference Sheets and allow five minutes for people to read them silently. Invite discussion.

Offer that those who wish may keep one or both Reference Sheets. We suggest that you offer extra credit for people's efforts to influence the media's sexual messages and/or to respond to friends' and acquaintances' sexual jokes and slurs. In order to earn this extra credit, a student would simply need to write a one page report about his or her effort.

Sexual Infuences Worksheet

NAME **DATE** **PERIOD**

LEARNING STATION #1:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

LEARNING STATION # 2:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

LEARNING STATION # 3:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

LEARNING STATION # 4:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

LEARNING STATION # 5:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

LEARNING STATION # 6:

What does this imply about sex (or about men, or women, or love, or relationships, or any other aspect of sexuality)?

What is your reaction? Do you agree or disagree? Why? Are you touched by the message? offended? saddened? scared? Why?

Activism Reference Sheet 1: Responding to Media

"Advertising which stereotypes men and women and uses abusive images contributes to the problem of sexual and physical abuse by saying it's OK, glamorous, and sexy. Advertising affects us all. If it didn't work, they wouldn't use it." *

So? What can you do if you find the media offensive? You're only one person!

FIRST: Figure out what it is that offends you.

What's wrong with this particular show or commercial or billboard or pop song?

Does it promote a stereotype? Does it degrade someone or teach people to degrade one another?

Does it encourage people to manipulate (con) or exploit (use) one another?

Does it imply that casual sex is best ... no strings, no caring, no consequences?

SECOND: Talk about it.

Tell people what you think about it.

Tell your friend, your little brother or sister, your child.

No big deal? Maybe one message is no big deal, but messages add up ... if we just let them slide.

Pretty soon, we even begin to believe them. Talking helps.

THIRD: Write a letter, plan a petition or a demonstration.

Speak up. To whom? How about the t.v. network or the the local t.v. or radio station? How about the company that rents the billboard space, or the company whose product is selling hurt and prejudice? How about the newspaper or magazine editor?

What should you say? We do **not** recommend that you advocate censorship. Whether your opinion is liberal or conservative, censorship is not the answer, in our opinion, in a democratic society.

"One of the best ways to eliminate hatred in a society is to expose it, examine it, and discuss its effects. Hiding it ... only guarantees its perpetuation." **

Instead, we suggest you ...

1. express your opinion about the message being portrayed, and
2. ask that either
   a. they give equal time to the other (or AN-other) message or
   b. they air a direct discussion of the message.
3. and thank them when they do portray the kind of attitudes you appreciate.

These addresses of the major t.v. networks may help:

ABC, 1330 Avenue of the Americas, New York, NY 10019

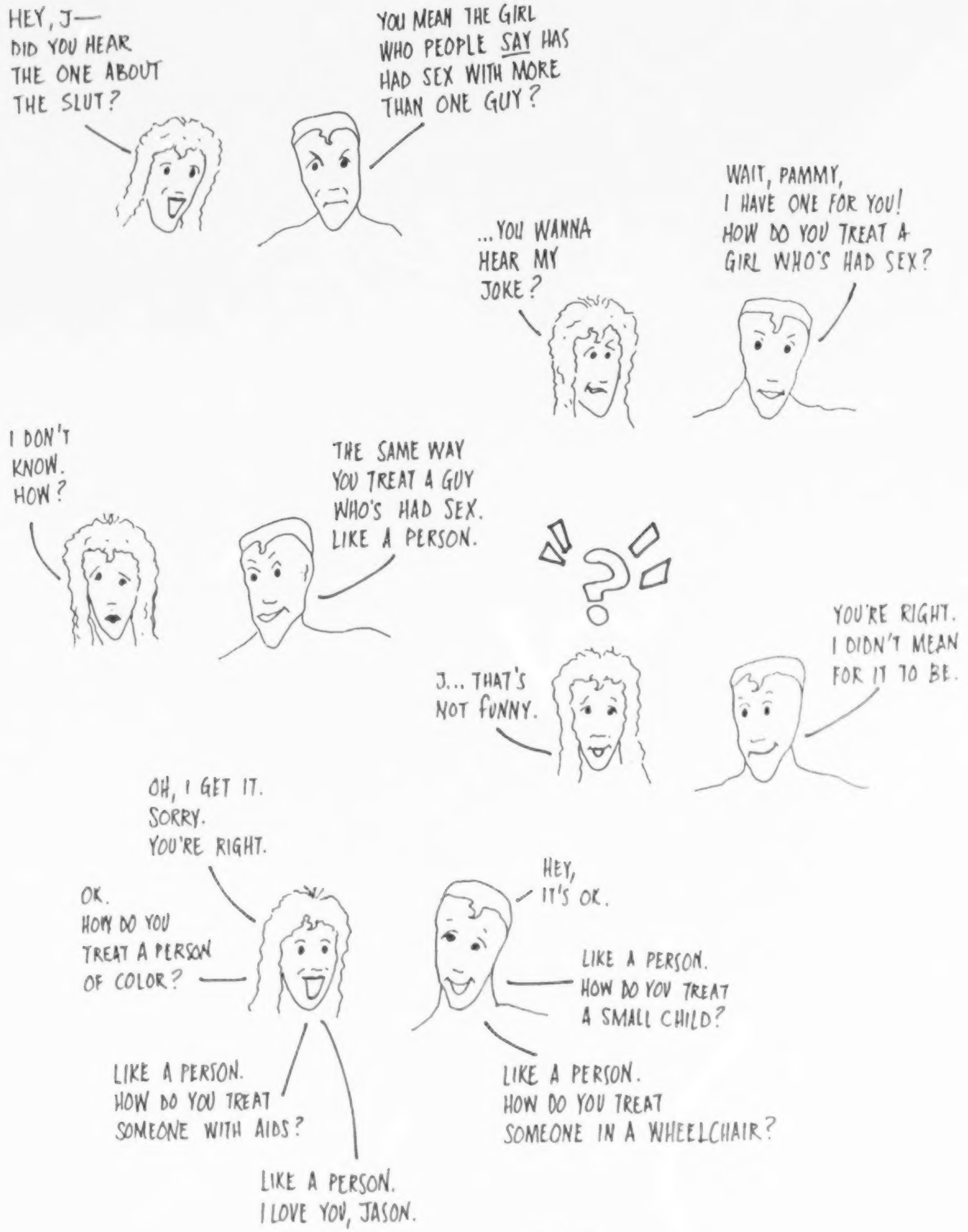
CBS, 51 West 52nd Street, New York, NY 10019

NBC, 30 Rockefeller Plaza, New York, NY 10020

* **Sexual Abuse Prevention: A Study for Teenagers**, The Rev. Marie M. Fortune, United Church Press (1984)

** **Protecting the Freedom to Learn: A Citizen's Guide**, Donna Hulsizer, People for the American Way, P.O. Box 96200, Washington, D.C. 20090-6200, (202) 467-4999 (1989)

Activism Reference Sheet 2: Responding To Jokes & Slurs


HEY, J— DID YOU HEAR THE ONE ABOUT THE SLUT?
YOU MEAN THE GIRL WHO PEOPLE SAY HAS HAD SEX WITH MORE THAN ONE GUY?
...YOU WANNA HEAR MY JOKE?
WAIT, PAMMY, I HAVE ONE FOR YOU! HOW DO YOU TREAT A GIRL WHO'S HAD SEX?
I DON'T KNOW. HOW?
THE SAME WAY YOU TREAT A GUY WHO'S HAD SEX. LIKE A PERSON.
?
J... THAT'S NOT FUNNY.
YOU'RE RIGHT. I DIDN'T MEAN FOR IT TO BE.
OH, I GET IT. SORRY. YOU'RE RIGHT.
HEY, IT'S OK.
OK. HOW DO YOU TREAT A PERSON OF COLOR?
LIKE A PERSON. HOW DO YOU TREAT A SMALL CHILD?
LIKE A PERSON. HOW DO YOU TREAT SOMEONE WITH AIDS?
LIKE A PERSON. HOW DO YOU TREAT SOMEONE IN A WHEELCHAIR?
LIKE A PERSON. I LOVE YOU, JASON.

Abstinence Transparency 1

AB - STAIN (ăb-stān) *v.*

To voluntarily keep from doing something:

abstain from drinking; abstain from voting

- **ab sti-nent** ***adj.***

- **ab sti-nence** ***n.***

American Heritage Desk Dictionary

Abstinence Transparency 2

SEXUAL ABSTINENCE

Definition #1: choosing not to have any sexual touch at all (not alone or with another person ... no slow dancing, no masturbation, etc)

Definition #2: choosing not to share any sexual touch with another person that could lead to intercourse (perhaps holding hands, kissing; but not heavy kissing, touching breasts or genitals, etc.)

Definition #3: choosing not to have sexual intercourse (perhaps sharing sexual touch, even to orgasm; but no vaginal, oral or anal intercourse)

Attitude Transparency 1

AT - TI - TUDE (ăt-ĭt-tood) *n.*

A way of thinking or behaving

Oxford American Dictionary
Avon Publishers, 1980

Attitude Transparency 2

TO HAVE AN ATTITUDE

Definition #1: to have a point of view on an issue (as in: "My attitude about your People changed when I met you." ... the entire combination of my feelings, beliefs, and level of knowledge / misconceptions)

Definition #2: to be brazen, bull-headed, bold about an issue (as in: "You have an attitude." ... a "Don't mess with me; I've got strong feelings or opinions about this and I'm not open to your influence!' point of view)

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Activism Transparency 1

AC - TIV - ISM (ăk-tĭv-ĭzəm) *n.*

A ... practice based on militant action

MIL - I - TANT (mĭl-ə-tənt) *adj.*

Fighting ... in the service of some cause

The American Heritage Dictionary
Houghton Mifflin, 1981

Activism Transparency 2

ACTIVISM

Definition #1: fighting for what you believe

Definition #2: acting (writing letters, speaking up, etc.) in order to influence others' attitudes

Lesson Plan 18

Lifelong Sexuality & Unit Closure

Student Learning Objectives:

to be able to ...

1. Distinguish among definitions and/or examples of ten basic aspects of human sexuality.
2. Explain that some of these aspects are present from conception until death, while others develop gradually and/or evolve throughout one's life.
3. Score at least 75% on a multiple choice test of knowledge, related to the unit.
4. Score at least 75% on an essay test assessing knowledge, coping skills, and ability to articulate an opinion (one's own or that of another).

Materials Needed:

- PHOTOCOPIES

  One copy per student of ...
  Scavenger Hunt (optional *)
  Human Sexuality Worksheet
  Sexuality Unit Post Test, Part 2

  One class set of ...Sexuality Unit Post Test, Part 1
- OTHER VISUAL AIDS *
- SIGNS posted around the perimeter of the classroom **

* ***In advance**, you will need to assemble ten or more common household items to create Learning Stations A-J. One way to assemble these items is to conduct an extra credit "Scavenger Hunt" a week or so in advance of lesson 18. We have provided a handout entitled "Scavenger Hunt", for your convenience. See Activity 3 for instructions on how to create these Learning Stations.*

** *in block letters, "A" through "J"*

Time Needed:

One or more class periods

Agenda:

1. Explain the lesson's purpose and relevance.
2. Review ten basic aspects of human sexuality through lecture and discussion.
3. Use the Worksheet and Learning Stations to help students integrate the concepts.
4. Provide time for remaining Field Trip Reports and discussion.
5. Administer Part 1 of the Post Test, and assign Part 2 for homework.

ACTIVITIES:

1. Explain the lesson's purpose and relevance: to bring unity to the various concepts you've been studying and to assess how much people have learned.

2. Review ten basic aspects of human sexuality. Before you begin, remind everyone of the ground rules, briefly. Especially important is the right to "pass" ... to not share personal information. The following lecture notes may help:

1. GENDER

Write the term "gender" on the blackboard. Ask for a volunteer to explain what "gender" means. (Simple answer: a person's sex ... male or female) To clarify the concept of gender, ask the class:

"When a baby is born, how do we know its gender (its sex)?"

Students will undoubtedly say something on the order of, "by whether it has a penis or a vagina" or "from the baby's genitals." Ask, then,

"Suppose the baby had a birth defect; it had no genitals (no external reproductive organs). The doctors would do plastic surgery, to make the baby a set of genitals. How do you think they would know which gender the baby was, in order to know which kind of genitals to create?"

Answer: If it had gonads (either ovaries or testicles), the doctors would use them to determine the baby's gender. If not, or if the baby had both ovaries and testes, the doctors would analyze the baby's chromosomes (XX=girl; XY=boy) and hormones. In other words, even without genitals, we could know the baby's biological gender.

So, **GENDER is a person's biological (anatomical, hormonal, and chromosomal) sex.**

2. GENDER IDENTITY

Write the term "gender identity" on the board. To introduce the concept of gender identity, ask those who consider themselves male to clap three times. Then ask those who consider themselves female to stamp their feet three times.

Point out that you did ***not*** need to specify the kinds of genitals, gonads or chromosomes they had for them to know how to respond. They just knew. That's because they have not only a gender, but also a gender identity.

Define **GENDER IDENTITY as a person's recognition that he or she is male or female (emotionally and spiritually, not just physically).**

3. GENDER ROLE

Write the term "gender role" on the blackboard. Illustrate the concept by asking people to imagine that they were visiting a friend. All their clothes got muddy, and they put them in the washing machine. While they were waiting for them to come out of the machine, they wore whatever clothes were available. Ask people to stand up if they would feel at all embarrassed or awkward wearing a ruffled top when a friend dropped by. (Mostly boys will stand.) Ask them to sit back down. Then ask those to stand who would feel at all awkward or uncomfortable to be caught wearing men's formal (lace-type) dress shoes when a friend dropped by. (Fewer people, mostly female, will probably stand.)

Students' decisions about whether to stand (and when) were a function of their gender roles. Ask if anyone can define "gender role". One answer: A person's **GENDER ROLE is the set of beliefs and feelings he or she has about what it means to be male or female ... how it's appropriate and comfortable to act (dress, walk, talk, react to an insult, etc.) as a function of being male or female.**

To further clarify, have students imagine overhearing a friend describing them to someone they have never met. They can hear one of two descriptions: that they are "good looking, strong and a leader" or that they are "beautiful, sweet-natured and a gentle person". Ask them to raise their hands if they would honestly prefer to be called "good-looking, strong and a leader". Then ask for a show of hands of those who would prefer to be thought of as "beautiful, sweet-natured and a gentle person" if they had to choose one description of the other. Again, people's responses will fall mostly along gender lines. Discuss the fact that neither description is inherently "male" or "female" ... that they reflect learned expectations of "masculine" and "feminine", expectations that are less rigid in mainstream American culture that they were even a decade ago.

An even clearer distinction will be seen if you ask how many people would rather be described specifically as "masculine" and how many would prefer the description "feminine" ... if they had to pick one or the other. Ask what it means, too, that more girls will choose "masculine" than boys, "feminine".

4. GENDER ORIENTATION

Write the term "gender orientation" on the blackboard. Review the concept by asking the class:

There are a lot of men who mostly love women, and women who mostly love men. What is the term for their gender orientations? Answer: "heterosexual".

Other people are attracted (romantically, physically, spiritually) just as deeply or as often to people of both genders. What may they consider their gender orientations to be? Answer: "bisexual" (Some people prefer to call themselves "bi", since it doesn't imply that all they are is sexual)

How might people who fall in love, most or all the time, with people of their own gender, describe ***their*** *gender orientations?* Answer: "homosexual" (Most people prefer to describe themselves with the less clinical, less uni-dimensional terms "gay" or "lesbian".) About 4-10% of people are gay or lesbian.

So people's **GENDER ORIENTATIONS have to do with the gender of persons to whom they feel attracted ... whether they get crushes on, dream about, or fall in love with mostly men, women or both.**

Remind people that gender orientation is different from gender, gender identity and gender role: Most gay and lesbian people are neither hermaphrodites (they are physically no different from heterosexuals), nor transsexuals (they know which gender they are, and are happy about it), nor transvestites (they dress similarly to the ways heterosexual people dress).

The term "gender orientation" also does not refer to sexual **behavior**. No matter who a person has ever had sex with, or even if he or she has never had sex, he or she may recognize that most of his or her romantic attractions are for men or for women or for both.

5. REPRODUCTIVE SYSTEM

The next aspect of sexuality to review is the "reproductive system." Write the term on the blackboard. Ask how many people think they might want to have at least one biological child during their lives. The truth is, most people will. That is possible because they have healthy, functioning reproductive systems. (Remind the class, however, that fifteen percent of couples do experience infertility.)

The **REPRODUCTIVE SYSTEM is the set of organs, internal and external, that have to do with making babies.**

6. SEXUAL RESPONSE SYSTEM

Write the term "sexual response system" on the blackboard.

Introduce the term by asking the class whether anyone has bathed or diapered a baby boy. If so, they may have noticed that even babies have erections. In fact, ultrasound pictures can show male fetuses having erections in utero. Females probably do, also, though the clitoris so small that it is more difficult to see. Erection is part of sexual response, although it is sometimes a spontaneous process unrelated to sexual thoughts.

The **SEXUAL RESPONSE SYSTEM is the set of organs, internal and external, which have to do with sexual feelings (desire, sensation, arousal, physical pleasure, and orgasm).** It includes, among other parts: the brain, the skin, the heart, and the genitals. Because it includes the brain, nearly everyone experiences, not only physical sensations, but also sexual images, thoughts and fantasies.

7. BODY IMAGE

Write the term on the blackboard. Define **BODY IMAGE as: one's feelings about one's own body (degree of comfort or discomfort, pleasure or lack of it, appreciation or dissatisfaction with the way it looks and feels).**

8. SEXUAL BEHAVIOR

Write the term "sexual behavior" on the blackboard. Have the class brainstorm kinds of sexual behavior they have heard of. We recommend against writing their answers on the board. Without being critical of their contributions, be sure to substitute medical or standard terms for slang, as you go. Make sure that less obvious behaviors make the list (breastfeeding, slow dancing, some massage, some kisses), as well as more obvious ones.

Define **SEXUAL BEHAVIOR, then, as any action involving genital, private and/or intimate touch.**

9. SEXUAL VALUE SYSTEM

Write the term on the blackboard.

Invite students to define it. We would define the **SEXUAL VALUE SYSTEM as a person's beliefs about the ethics of social and sexual behavior ... about what is right and wrong.** It includes one's beliefs about (start the following list, but elicit students' contributions to it):

friendship, loyalty, communication, dating, abstinence, marriage, divorce, fidelity, gender roles, masturbation, virginity, contraception ... and countless other sexual issues.

10. SOCIAL (RELATIONSHIP) BEHAVIOR

Write the term "social (relationship) behavior" on the blackboard.

Introduce it by asking the class if it is possible for a person to love someone and **not** share sexual behavior with them. (YES !) Ask whether it's possible for people to share sexual behavior with someone and not love them ... not whether it's desirable, but whether it's possible. (YES !) Love and sex are not synonymous, in other words.

Define **SOCIAL BEHAVIOR as any action that has to do with uniting or linking two people (in any relationship).** There is a very basic need among humans and certain other species to belong ... to feel a bond with another human being. "Social behavior", as we are using the term, means showing that you like, care about, or love someone ... a friend, a parent or other family member, a spouse, etc.

3. The next activity is optional. You may not have time for it if you intend to administer both parts of the post-test. It is a useful way of helping learners to integrate the "ten-aspects" model.

   You will have created ten Learning Stations in advance, around the perimeter of the classroom. Each Learning Station consists of a block-lettered sign (A-J) above a box or manila envelope. Each box or envelope contains one or more objects or pictures that could symbolize an aspect of human sexuality. Below are suggestions for possible items to symbolize the ten aspects of sexuality. These lists are not all-inclusive, however; use your imagination.

E = Body Image
mirror
fashion or body-building magazine
articles about dieting, anorexia, or cosmetic surgery
any cosmetics

J = Gender
bra
athletic supporter
height/weight chart
article about a hermaphroditic baby
button with the symbol for male or female:

B = Gender Identity
mirror
article about a transsexual individual or a sex-change operation
diary (blank one)
baby announcement that says "It's a boy" or "It's a girl"

D = Gender Orientation
valentine card
article about a gay, lesbian or bisexual individual
diamond ring (dime-store quality for security's sake)
button or bumper sticker with a pink triangle
articles about: falling in love

A = Gender Role
football
apron
piece of feminine-looking jewelry
hammer
articles about: transvestism, househusbands, or women in non-traditional careers
one high-heeled shoe and one men's dress shoe

H = Reproductive System
baby announcement
baby pacifier
condom
thermometer
diaper
an egg (hard boiled, for security's sake)
articles about: infertility, test-tube babies, or menopause

C = Sexual Behavior
chocolate kiss
button or bumper sticker that says "hugs not drugs"
article about American's sexual behavior
drawing or photo of couple hugging or kissing

I = Sexual Response System
drawing or photo of the human brain, or of an eye or an ear
articles about: massage, erection problems or orgasm
letters to advice columnists about couples with differing levels of sexual desire
tube of lubricant

F = Sexual Value System
diary (blank one)
letter to an advice columnist about fidelity, divorce or surrogate mothers
button or bumper sticker that says "Just say no"
album cover from a sexually-suggestive record album
articles about: gay-bashing, sexual harassment, pro-life or pro-choice protesters

G = Social Behavior
prom invitation
party hat
photos of three families
ticket stub from a movie, concert, skating rink or other event
drawings or photos of: friends talking, parent cuddling a child, couple holding hands

Hand out the Human Sexuality Worksheet. Point out the boxes next to each definition. Students will go from one Learning Station to the next, writing the letter of the Learning Station next to the aspect of sexuality it represents.

Do one station as an example:

*Here ... let's look in the envelope at Learning Station E, for instance. It contains a mirror and a magazine about body building. Which aspect of sexuality might that symbolize? That's right: "Body Image". So everyone can write **E** in the box on the Worksheet next to the definition of Body Image.*

Allow students about ten minutes to complete the other nine learning stations. Discussion is to be encouraged; the more cooperatively they do the activity, the better.

4. Provide time for remaining Field Trip Reports and discussion.

5. Administer Part One of the Post-test. It consists of 13 multiple choice questions, intended as an open-book activity.

   Part Two is an essay test, also open-book. Students who finish Part One can begin on Part Two. But for most students, if not all, it should probably be a take-home activity, to allow time for serious thought.

   Correct answers to Part 1 are as follow:

1. a	**4.** a	**7.** c	**10.** b	**13.** c
2. c	**5.** c	**8.** b	**11.** c	**14.** d
3. d	**6.** d	**9.** a	**12.** a	**15.** b

   We recommend giving generous credit for part two, in recognition of the thought that goes into it. Make note in the margins of thorough, well-articulated answers.

Scavenger Hunt

NAME **DATE** **PERIOD**

You can get extra credit by bringing at least EIGHT of the following items to school by ______________ . Put a check mark next to the items you find, on the list below, and put this page in a paper bag along with the items. You will get your items back, BUT IT MAY TAKE A COUPLE OF DAYS.

mirror

a bra

an athletic supporter ("jock strap")

a magazine about fashion or body-building

a height/weight chart (like the ones in a doctor's office, giving ideal weight ranges for men and women)

one item of cosmetics

up to three magazine or newspaper articles about any of the following:

- dieting
- anorexia
- cosmetic surgery
- a hermaphroditic baby (a baby with both male and female parts)
- a transsexual person or a sex-change operation
- falling in love
- a gay, lesbian or bisexual person
- women in non-traditional careers
- transvestism (cross-dressing)
- househusbands
- menopause
- infertility
- test-tube babies
- Americans' sexual behavior
- massage
- erection problems
- orgasm
- gay-bashing
- sexual harassment
- pro-life or pro-choice demonstrations

valentine card

button with the symbol for male ♂ or female ♀

diary (blank one)

fake diamond ring (dime-store quality for security's sake)

button or bumper sticker with a pink triangle ▽

football

baby announcement or balloon that says "It's a boy" or "It's a girl"

baby pacifier or diaper

hammer

apron

piece of feminine-looking jewelry

one high-heeled shoe and one men's dress shoe

condom

thermometer

an egg (hard boiled, for security's sake)

chocolate kiss

button or bumper sticker that says 'hugs not drugs" or "Just Say No"

up to three photos or drawings of any of the following:

- an eye or an ear or the human brain
- a couple hugging or kissing or holding hands
- a family
- a parent cuddling a child
- friends talking

prom invitation

letter to an advice columnist (such as "Dear Abby" or "Ann Landers" or "Ebony Advisor") about any of the following:

- fidelity
- divorce
- a couple with differing levels of sexual desire
- surrogate mothers

party hat

ticket stub from a movie, concert, skating rink or other event

album cover from a sexually-suggestive record album

Human Sexuality Worksheet: Ten Basic Aspects Of Human Sexuality

NAME DATE PERIOD

DIRECTIONS: In each box, write the letter of the Learning Station that represents the concept.

1. **BODY IMAGE** = one's thoughts and feelings about one's own body (degree of comfort, pleasure, and appreciation of the way it looks and feels).

2. **GENDER** = one's biological sex (male or female) ... chromosomally, hormonally and anatomically. There are many similarities between the genders, biologically. There are also differences ... in reproductive systems, height, weight, head hair, body hair, facial features, neck, shoulders, chest/breasts, muscles, arms, hips, hands and feet, thighs, legs and center of gravity.

3. **GENDER IDENTITY** = one's understanding or feeling about whether one is male or female, emotionally and spiritually.

4. **GENDER ORIENTATION** = the gender of persons to whom one feels attracted ... whether one has crushes on, dreams about, falls in love with, or feels romantic/sexual/spiritual/emotional attraction mostly to men, women or both.

5. **GENDER ROLE** = one's beliefs and feelings about the appropriate and/or comfortable expression of one's gender ... about how boys and men should act, and how girls and women should act (dress, speak, react to an insult, choose a career, sit, walk, decide on chores, etc.).

6. **REPRODUCTIVE SYSTEM** = the body organs and structures, external (genitals) and internal, which have to do with making babies. It includes parts of the endocrine system: pituitary gland, thymus, gonads (testicles and ovaries). In males, it includes parts of the urinary system (urethra, penis). It also includes parts which are unique to reproduction: prostate gland, uterus, etc.

7. **SEXUAL BEHAVIOR** = one's actions in terms of genital, private and/or intimate touch. It can include masturbation, some hugs and kisses, stroking of private parts, sexual intercourse (oral, vaginal, anal), some massage, some dance, etc. Some experts would include breast-feeding in the definition.

8. **SEXUAL RESPONSE SYSTEM** = the body organs and structures, external and internal, which have to do with sexual feelings (desire, sensation, arousal, physical pleasure, and orgasm). It includes parts of the reproductive system (genitals, lubricating glands), the nervous system (skin, brain), the circulatory system (heart, etc.), and the musculoskeletal system.

9. **SEXUAL VALUE SYSTEM** = one's beliefs about the ethics of romantic and sexual behavior ... about right and wrong in relationships. It includes one's beliefs about dating, divorce, abstinence, fidelity, communication, virginity, contraception, and countless other sexual issues.

10. **SOCIAL BEHAVIOR** = one's actions in terms of any human relationship (family, friends, couples). It includes verbal and non-verbal communication. It can involve liking, caring and loving. It includes romantic behavior ... "talking to" a person, "dating", "going together", etc. It sometimes includes making a home and family together and/or being married.

Sexuality Unit Post-Test

PART 1 ... MULTIPLE CHOICE

Please do not write on this page. Make an answer sheet, by numbering a separate sheet of paper from 1 to 15. (Each question is worth 2 points.)

1. Which of the following is the best definition of "sexuality"?
   a. sexual touch, especially intercourse (vaginal, oral and anal)
   b. the ability to make or have a baby
   c. one's beliefs about how men or women should act
   d. all of these and more
2. How would you describe the following statement? "Anthony would rather die than tell his family he was raped."
   a. fact
   b. fallacy
   c. feeling
   d. value
3. How would you describe the following statement? "It is immature to use sexual slang in front of your grandparents."
   a. fact
   b. fallacy
   c. feeling
   d. value
4. Suppose your toddler shows an interest in other people's bathroom behavior ... watching when family members use the toilet and talking about whether people stand up or sit to urinate. What should you do?
   a. Don't worry because this behavior is normal (but if you don't want the child to watch, tell the child it is private).
   b. Suspect that maybe the child has been sexually abused, and speak with your family doctor.
   c. Punish the child because he or she is trying to embarrass you.
   d. Get counseling for the child because he or she has an emotional problem.

5. Why do men and women behave differently?
   - a. probably because of biological differences in their genes
   - b. probably because they learn that they're supposed to act a certain way
   - c. probably because of both these factors (a and b)
   - d. probably because men eat more junk food
6. What does "being gay" mean?
   - a. having sex with someone of your own gender
   - b. being effeminate, if you're male ... or masculine, if you're female
   - c. really wishing you were the other gender ... wanting a sex-change operation
   - d. mostly feeling attracted (romantically, sexually, emotionally) to people of your own gender
7. Suppose a person has never had any kind of sex. He or she has chosen to abstain. How would you describe this person's gender orientation?
   - a. heterosexual, because most people consider themselves heterosexual
   - b. bisexual, because they haven't had any experience yet
   - c. it depends who they have crushes, dreams and fantasies about
   - d. it depends how old they are
8. As we defined "love" in class, what two things does a person have to feel if they really love someone?
   - a. desire for the person (feeling sexually attracted to him or her) and caring about the person's well-being
   - b. liking the person (or remembering times when you have liked being with him or her) and caring about the person's well-being
   - c. feeling jealous of the person's other friends and liking him or her
   - d. feeling needed by the person and wanting to be together all or most of the time
9. Which of the following is **NOT** a cause of infertility?
   - a. lack of orgasm
   - b. STDs
   - c. age, especially the woman's
   - d. low sperm count
10. Which kind of abortion is the most common in the United States?
    - a. RU 486
    - b. vacuum curettage
    - c. D & E
    - d. infusion

11. What do you call the type of adoption where the birth parents and adoptive parents exchange letters and photos, and sometimes meet one another?

    a. independent

    b. agency

    c. open

    d. traditional

12. Suppose a person has an AIDS antibody blood test. The result is positive. What does that mean?

    a. The person probably has HIV (Human Immunodeficiency Virus).

    b. The person probably has AIDS (Acquired Immune Deficiency Syndrome).

    c. The person is gay or uses IV drugs.

    d. The person can safely start a pregnancy.

13. What should the person in question number 7 do, now that he or she has had a positive test?

    a. give up and expect to die within a year or two

    b. don't bother to abstain (or use condoms) because he or she is already infected

    c. start getting health care as soon as possible because there may be treatments to keep him or her healthy longer

    d. quit his or her job, because he or she will be too sick to work and because it's important not to expose others to the disease

14. Which are the most important sex organs (in terms of sexual response)?

    a. the penis and the vagina

    b. the scrotum and the clitoris

    c. the lungs and the heart

    d. the skin and the brain

15. There are four common causes of sexual dysfunction. Two are: (1) myths and misconceptions and (2) feelings and values. What is one of the other common reasons people have sexual response problems?

    a. circumcision

    b. acohol and other drugs

    c. anemia

    d. all of the above

Sexuality Unit Post-Test

NAME DATE PERIOD

PART 2 ... ESSAY

Use an extra sheet of paper if needed. (two extra pages maximum) Each question is worth 7 points.

1. Explain non-verbal ways in which parents influence their children's sexual development. Give at least two examples.

2. Explain how gender roles can be destructive when carried to extremes or turned into stereotypes. Give at least two examples.

3. List at least two fallacies (myths or stereotypes) about gay, lesbian or bisexual people and, for each fallacy, briefly explain the facts.

4. Suppose you saw someone being teased for being gay or lesbian. You don't want to get assaulted yourself, but you want to feel proud of your own behavior as an ally. What could you do?

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5. Describe at least two warning signs that show that a relationship is, or could be, unhealthy.

6. How can a person protect his or her future fertility? Describe at least two things a person could do.

7. Choose one of the following unplanned pregnancy options: adoption, abortion or parenting. Explain the range of beliefs in our society regarding that option. What do various people believe? Describe, respectfully, at least three different values people may hold.

7. Explain the range of beliefs in our society regarding contraception. What do various people believe? Describe, respectfully, at least three different values people may hold.

8. Explain why a person might decide to be tested for HIV antibodies. Describe at least three reasons he or she might have.

9. List at least two fallacies (myths, misconceptions) people may have about the male or female sexual response system and, for each fallacy, briefly explain the facts.

10. Describe three possible negative consequences of sexual touch (three reasons some people choose to abstain).

FOR EXTRA CREDIT:

11. Describe one constructive thing you have done in the last two months (or one thing you intend to do in the next month) about the AIDS crisis ... one way you have "turned sadness into action".

12. Describe one constructive thing you have done in the past two months (or one thing you intend to do in the next month) to respond to sexual stereotyping. The stereotyping could be something an individual person did or said, or something you saw in an institution or in the media. The stereotype may have been about any group of people: men, women, fathers, mothers, gay men, lesbian women, people with HIV Disease or AIDS, people who have abortions, people who make adoption plans for their babies, teenage parents, etc.

13. Describe one constructive thing you have done in the past two months (or one thing you intend to do in the next month) to address sexual exploitation.

Appendix A: Sample Letter To Parents And Guardians

… on your school's letterhead

Dear Parents and Guardians:

As you know, your high school junior or senior is enrolled in a semester of Health (Home and Family Life, World Problems, Psychology, or whatever). The course includes a 12-week unit called "Family Life And Sexual Health" with lessons on:

- Critical Thinking (fact, fallacy, value, feeling … telling the difference)
- Child and Adolescent Sexual Development (infant and child development and the parents' job as "sexuality educator"; and adolescent issues including gender roles, orientation, and love)
- Fertility and Infertility
- Unplanned Pregnancy (including discussion of abortion, adoption and parenting)
- Contraception
- HIV Disease and AIDS
- the Sexual Response System (including discussion of myths and of the effects of drugs and of certain diseases, injuries and disabilities)
- Abstinence, Attitude and Activism
- Lifelong Sexuality

Students will have homework assignments to think about these issues and to discuss them with family members, other trusted adults and friends. (These conversations are private. Students will not "report" on them in class. They — and you — simply sign a slip to confirm that they did the assignment aloud.) These assignments are designed to help you understand one another a little better, while reinforcing your family's beliefs and reviewing the learning that goes on in class.

Students will also be assigned "individual field trips" on which they will report. Students may elect to interview people such as clergy, doctors, social workers, people with AIDS, etc. Their topics may include any of those listed above.

I want to invite you to preview the course materials. I think you will be impressed with them. Or call me to chat about the unit. If you decide not to have your child participate in the unit, please return the form below.

Sincerely,

J.P. Jones, teacher (555-1234)

Parent/Guardian Waiver Form

I do not want ______________________________ to study the sexual
print student's first and last names

health unit. I understand that he/she will be given other work to complete in the library. I know I have a right to preview all the classroom materials, and a legal responsibility to preview the parts on AIDS, before signing.

____
parent or guardian's signature

____
date

Appendix B: Sample Letter To Students Age 18+

... on your school's letterhead

Dear Student:

You are no longer a minor, so I am addressing this letter directly to you. As you may know, our Health (Home and Family Life, World Problems, Psychology, or whatever) course includes an 11-week unit called "Family Life And Sexual Health" with lessons on:

- Critical Thinking (fact, fallacy, value, feeling ... telling the difference)
- Child and Adolescent Sexual Development (infant and child development and the parents' job as "sexuality educator"; and adolescent issues including gender roles, orientation, and love)
- Fertility and Infertility
- Unplanned Pregnancy (including discussion of abortion, adoption and parenting)
- Contraception
- HIV Disease and AIDS
- the Sexual Response System (including discussion of myths and of the effects of drugs and of certain diseases, injuries and disabilities)
- Abstinence, Attitude and Activism
- Lifelong Sexuality

I would be glad to talk with you in private, if you have any concerns about the unit. If you feel strongly that participating would be harmful to you, you have the legal right to waive your own participation.

Sincerely,

J.P. Jones, teacher (555-1234)

Personal Waiver Form

(for students at least 18 years of age)

I am at least 18 years of age. I have decided not to participate in the sexual health unit. I understand that I will be given a different unit, to complete in the library.

print your first and last names

signature

date

Appenix C: Washingtion State Laws and Guidelines

PART I:

REGULATIONS & REQUIREMENTS RELATED TO HEALTH & SEXUALITY EDUCATION, according to the Laws of the State of Washington

RCW 28A.05.010 Common school curriculum — Fundamentals in conduct. All common schools shall give instruction in reading, penmanship, orthography, written and mental arithmetic, geography, English grammar, physiology and hygiene with special reference to the effects of alcoholic stimulants (sic) and narcotics on the human system, the history of the United States, and such other studies as may be prescribed by rule or regulation of the state board of education. All teachers shall stress the importance of the cultivation of manners, the fundamental principals of honesty, honor, industry and economy, the minimum requisites of good health including the beneficial effect of physical exercise, and the worth of kindness to all living creatures. The prevention of child abuse may be offered as part of the curriculum in the common schools. (1986 c 149 Sec. 4; 1969 c 71 Sec. 3; 1969 ex.s. c 223 Sec. 28A.05.010. Prior: 1909 p 262 Sec. 2; RRS Sec. 4681; prior: 1897 c 118 Sec. 65; 1895 c 5 Sec. 1; 1890 p 372 Sec. 45; 1886 p 19 Sec. 52. Formerly RCW 28.05.010 and 28.05.020.)

WAC 180-50-115 Mandatory areas of study in the common school. (1) Pursuant to RCW 28A.05.010 all school districts shall provide instruction in reading, penmanship, spelling, mathematics, geography, English grammar, physiology, hygiene, and history of the United States ... (4) In addition to the requirements in the above subsections, each school district shall offer all required courses for a high school diploma as provided in chapter 180-51 WAC and shall provide an opportunity for high school students to take at least one course in the following areas of study:

(a) Art;

(b) Career education;

(c) Computer education;

(d) Consumer education;

(e) Economics;

(f) Environmental education;

(g) Foreign language;

(h) Health education;

(i) Home and family life;

(j) Music;

(k) Remedial education, including at least remedial education in reading, language arts, and mathematics.

WAC 180-50-140 Sex education — Definition — Optional course or subject matter — Excusal of students.

(1) Local option. The decision as to whether or not a program about sex education or human sexuality is to be introduced into the common schools is a matter for determination at the district level by the local school board, the duly elected representatives of the people of the community.

(2) Definition(s. (a) Sex education for the purpose of this regulation is defined as the study of the anatomy and the physiology of human reproduction. (b) Human sexuality for the purpose of this regulation is defined as the characteristics or qualities that distinguish between maleness and femaleness. It includes the physiological, psychological, and sociological processes experienced by an individual.

(3) Development of instruction in sex education and human sexuality. School districts shall involve parents and school district community groups in the planning, development, evaluation, and revision of any instruction in sex education and human sexuality offered as a part of the school program.

(4) Excusal of students — Alternative studies. Any parent or legal guardian who wishes to have his/her child excused from any planned instruction in sex education or human sexuality may do so upon filing a written request with the school district board of directors or its designee and the board of directors shall make available the appropriate forms for such requests. Alternative educational opportunities shall be provided for those excused. (Statutory Authority: RCW 28A.04.120 (6) and (8). 84-21-004 (Order 12-84), Sec. 180-50-140, filed 10/4/84.)

PART II:

GUIDING PRINCIPALS FOR INCLUDING HUMAN SEXUALITY CONCEPTS IN A SCHOOL PROGRAM, according to the Washington State Superintendent of Schools as of June, 1987

1.0 Education about human sexuality includes a large body of knowledge concerned with the biological, psychological and sociological aspects of human growth and development. In addition, education about human sexuality includes an understanding of the influences affecting interpersonal relationships and an emphasis on the importance of responsible decision-making in this area.

1.1 It should be recognized that sex education is one small part of education about human sexuality. Sex education as defined by WAC 180-50-140 is limited to a study of anatomy and physiology of human reproduction.

1.2 Sex education must contribute to the overall goal of a wholesome, healthy personality. Sexuality is an integral part of a total personality and to consider sex as purely physical is to give it an unrealistic emphasis. Thus, the goal of any program is to help young people in their development so they become secure individuals able to direct their sexual behavior in a responsible and socially acceptable manner.

2.0 Planning and educational program about human sexuality should involve the home, school and community.

2.1 Parents, guardians and other interested adults should be involved in the planning of school programs because of their role in initiating and continuing this phase of education in the home environment.

2.2 School districts may advantageously plan educational programs for parents so that education for human sexuality may be enhanced in the home at an early age.

2.3 The concepts of family as used in this document allows for a variety of social patterns and lifestyles. The common element to all family patterns is the emphasis on a caring, interpersonal relationship between adults and children in an atmosphere in which adults recognize and assume their responsibilities for rearing youngsters.

2.4 The school's role should reinforce the home's development of wholesome sexual attitudes and responsibilities in youth in such a way that family patterns will be strengthened.

3.0 It is the responsibility of each local school district to develop its own program in education about human sexuality.

3.1 A detailed scope and sequence of concepts in educational programs about human sexuality should be developed carefully and made available in written form for a community review in each district.

3.2 Student Learning Objectives, suggested learning experience and resources used in the instructional process should be available in written form for a community review in each building where such instruction takes place.

3.3 At the elementary level some lessons may develop naturally from everyday living experiences, but other lessons should be an integrated part of a planned, sequential, comprehensive health education program. At the secondary level, planned lessons and units may be a part of science, health education, home and family life or social studies.

3.4 "No written or oral test, questionnaire, survey or examination shall be used to elicit the personal beliefs or practices of a student of his/her parents as to sex or religion except with the written consent of parent or guardian." (1)

3.5 "Any parent or legal guardian who wishes to have his/her child excused from any planned instruction in sex education or human sexuality may do so upon filing a written request with the school district board of directors or its designee, and the board of directors shall make available the appropriate forms for such requests. Alternative educational opportunities shall be provided for those excused." (2)

3.6 "School districts shall involve parents and school district community groups in the planning, development, evaluation and revision of any instruction in sex education and human sexuality offered as part of the school program." (2)

4.0 In compliance with statutory requirements, each school district shall have a written policy outlining the process for the selection and adoption of instructional materials, prints and non-print, including provision for a system "for receiving, considering and acting upon written complaints regarding instructional materials used by the school district." (3)

5.0 As with all curricular areas, local school boards should approve the instructional material and concepts in human sexuality education before they are implemented in the classroom setting.

6.0 Teachers of human sexuality programs should be carefully selected and professionally prepared.

6.1 Opportunities for in-service training in content and teaching methods of human sexuality should be available on a regular basis at the local level.

PART III:

EXCERPTS FROM THE AIDS OMNIBUS LAW

Enacted by the Washington State Legislature in the Spring of 1988, applying to AIDS Education, specifically, in Public Schools

"AIDS prevention education shall be limited to the discussion of the life-threatening dangers of the disease, its spread, and prevention. Students shall receive such education at least once each school year beginning no later than the fifth grade." (4)

This means that the rest of FLASH, that which doesn't pertain to the dangers, spread and prevention of AIDS, is considered "sexuality education" and falls under the State Board of Education Guidelines on the previous pages, rather than under the AIDS Omnibus legislation.

"Each district board of directors shall adopt an AIDS (curriculum) ... developed in consultation with teachers, administrators, parents, and other community numbers including, but not limited to, persons from medical, public health, and mental health organizations ..." (5)

FLASH was developed in consultation with such a team.

(That curriculum must either be selected from among a list of) "model curricula and resources available from the superintendent of public instruction" (6) or "developed by the district and approved for medical accuracy by the office of (HIV/AIDS of the Department of Social and Health Services (DSHS))" (7)

In order to be on the superintendent's list, a curriculum goes through both the DSHS medical-accuracy review and a review of educational soundness by a committee of educators convened by the superintendent's office. FLASH has been approved by both these sets of reviewers.

"Each school district shall, at least one month before teaching AIDS prevention ... conduct at least one presentation during weekend and evening hours for the parents and guardians ... No student may be required to participate in AIDS prevention education if the ... parent or guardian, having attended one of the district presentations, objects in writing." (8)

Thus, the parental waiver for AIDS education, unlike for other sexuality education, is contingent upon a parent's having reviewed the materials. The legislature has expressed, in this way, its strong belief in the importance of this aspect of sexuality education for every child.

"The curriculum shall ... teach students which behaviors place a person dangerously at risk of infection (with HIV) and methods of avoiding risk, including, at least: (a) the dangers of drug abuse, especially that involving ... hypodermic needles; and (b) the dangers of intercourse, with or without condoms." (9)

"All material ... shall give emphasis to the importance of sexual abstinence outside lawful marriage and avoidance of substance abuse in controlling disease." (10)

"The program ... shall stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of (HIV). It shall also teach that condoms and other artificial means of birth control are not a certain means of (prevention) and reliance on condoms puts a person at risk." (11)

FLASH makes every effort to communicate these concepts, while acknowledging and respecting diverse families' beliefs.

We have also emphasized that one's behavior and not one's age, legal status, or sexual orientation, puts one at risk. This reflects our concern about denial. It is crucial not to generate a life-threatening false confidence in all adult, lawful, heterosexual marriages as safe places for unprotected intercourse.

Finally, we have taken pains to speak to students who are already having intercourse or who will decide to do so (despite our urging them not to) any time prior to entering into a long-term, mutually monogamous, honest, drug-free relationship. For the health of these young people, we have stressed the vital importance of proper use of condoms, preferably with spermicide.

(1) WAC 180-52-030

(2) WAC 180-50-140

(3) RCW 28A.58.103 (1e)
RCW 28A.58.758 (2f)

(4) from Part IV, section 402, subsection (1) of the AIDS omnibus legislation

(5) ibid., part IV, section 402, subsection (2)

(6) ibid., part IV, section 402, subsection (3)

(7) ibid., part IV, section 402, subsection (2)

(8) ibid., part IV, section 402, subsection (4) ... emphasis ours

(9) ibid., part IV, section 402, subsection (6) ... emphasis ours

(10) ibid., part II, section 202

(11) ibid., part IV, section 402, subsection (7) ... emphasis ours

Appendix D: Audio-Visual Resources

For the most part, ***11/12 FLASH*** is self contained. However, audio-visual tools can certainly enhance a number of the lessons, when a second day can be scheduled for the topic. Listed below are some of the resources your district may wish to consider adopting, to augment ***11/12 FLASH***. ALWAYS, ALWAYS, ALWAYS preview materials yourself, even if they are "district approved", before showing them to your class. ***NOTE: Distributors' addresses and phones are listed in Appendix E.***

Infant and Preschool Sexual Development

(and the parents' role as sexuality educators)
support for Lesson Two

"Opening Doors"

75 minutes, Moose School Productions

You won't need all 75 minutes of Dr. Peter Alsop's concert to teach about the importance of parents-as-sexuality-educators. We especially recommend three songs: "Baby Needs a Parent" (about gender roles and parents), "It's Only a Wee-wee" (also about gender roles and our over-emphasis on the differences between genders), "My Body" (about self-protection).

"Bellybuttons Are Navels"

12 minutes, ETR Associates

This video demonstrates reading and discussion strategies for use with preschool and elementary age children. It shows Grandma reading aloud to John and Megan from the anatomy primer **Bellybuttons Are Navels**. Grandma affirms each child's sex-positive traits, in a calm, confident manner, modeling easy ways to encourage wholesome, honest discussion of human sexuality.

"SEX: A Topic for Conversation"

25 minutes, Media Projects

Parts One and Two are for younger teens and their parents, but Part Three, for parents of young children, relates to this lesson.Through a question and answer session with parents, Dr. Sol Gordon uses humor and modeling to teach how to talk with young children about playing doctor, parental nudity, embarrassing moments, role models, homosexuality, wet dreams and sex on TV.

"Speak With Me"

19 minutes, Seattle-King County Public Health

Young people (toddlers through high school) talk about what they want to learn from their parents about sexuality. There is no adult voice-over drawing conclusions; rather, it is intended to provoke thought and discussion.

"The Touch Film"

20 minutes, Sterling Productions

This warm, moving video discusses the importance of touch for people of all ages and addresses socialization and gender roles.

Media Messages

(including gender roles, sexual decision-making, sexual exploitation)
support for Lessons Three and Seventeen

"Still Killing Us Softly: Advertising's Image of Women"

30 minutes, Cambridge Films (also available - in Washington State - the OSPI Office for Equity Education)

An updated version of the 1979 film "Killing Us Softly", the video uses examples from magazines, newspapers, album covers and billboards to analyze how the advertising industry portrays women. It analyzes the media's influence on gender role stereotyping, sexual exploitation (including harassment), teen pregnancy and eating disorders.

"Stale Roles and Tight Buns: Images of Men in Advertising"

29 minutes, Oasis (also available - in Washington State - the OSPI Office for Equity Education)

Analyzes how the media promotes myths which define and limit the American man. Includes a discussion of the degrading way that fathers are portrayed in advertising. Excellent companion piece to "Still Killing Us Softly".

Gender Orientation

(and issues such as harassment/name-calling)
support for Lesson Five

"Sticks, Stones and Stereotypes"

26 minutes, Equity Institute (also available from ETR, Select Media, and - in Washington State - the OSPI Office for Equity Education)

This powerful, bilingual (Spanish/English) video focuses on homophobic, racial and ethnic slurs and the anguish they cause. It examines why people engage in name-calling and, most important, what they can do to stop it. It alternates between interviews with real young people (gay, lesbian and heterosexual) and acted vignettes portraying "ally skills". The amateur acting in the latter may be distracting, but the content is vital.

"What if I'm Gay?: A Search for Understanding"

30 minutes, Coronet

This made-for-tv dramatization follows a gay teen as he struggles with his own questions about, and his friends' reactions to, his gender orientation. It addresses gender role and gender orientation stereotyping, and issues such as suicide and friendship.

"A Little Respect: Gay Men, Lesbians and Bisexuals on Campus"

25 minutes, Rutgers University

Many seniors will be off to college in a few months. This video teaches respect and appreciation for sexual diversity on campus. It includes interviews with Rutgers University students of various gender orientations, ethnic backgrounds, and physical abilities.

Relationships

(including sexual decision-making, love, communication, courtship violence, date rape)
support for Lessons Six and Seventeen

"The Power of Choice: Sex"

30 minutes, ETR

Michael Pritchard, popular comedian and juvenile probation officer, discusses decision-making, peer pressure, religious values, sexually transmitted diseases (STDs), and unplanned pregnancy.

"Sexual Abstinence: Making the Right Choice"

23 minutes, ETR

This new, candid, persuasive video doesn't moralize; it presents real teens from across the country talking about peer pressure, relationships, pregnancy, STDs, and pregnancy.

"Making Responsible Decisions: A One Act Play"

30 minutes, Marion Howard Teen Services (also available from ETR)

This play addresses sexual decision-making and communication in relationships, including how to say "no". It encourages abstinence and also teaches about effective methods of birth control.

The "Acquaintance Rape Prevention Series"

four 7-10 minute segments (33 minutes total), Select Media

Somewhat dated hair styles and clothing may detract slightly, but this is an excellent series of brief vignettes designed to trigger discussion about date rape, communication, gender roles (and stereotypes) and peer pressure.

Fertility and Infertility

(and the reproductive system)
support for Lesson Seven

"The Miracle of Life"

60 minutes, ETR

This fascinating video from the PBS NOVA series focuses mainly on fertility, providing a thorough explanation of both the male and female reproductive systems. It also presents first-of-their-kind photographs of fetal development by Lennart Nilsson.

Unplanned Pregnancy Options

(including abortion, adoption, parenthood)
support for Lesson Eleven

"Four Pregnant Teenagers: Four Different Decisions"

51 minutes, Sunburst

Four vignettes dramatize the lives of teens who make four different choices: abortion, adoption, parenting without marrying, getting married and parenting together.

HIV Disease and AIDS

(focusing, at this grade level, on people living with HIV/AIDS and
those who love them)
support for Lesson Fourteen

"Common Threads: Stories from the Quilt"

79 minutes, the NAMES Project Foundation

From an Olympic athlete to an eleven-year-old, this video tells the story of five people who died of AIDS. Their stories are told by those who loved them, with narration by Dustin Hoffman. Their lives are commemorated in panels of the AIDS Memorial Quilt. If you can't make time in class to show the entire video, even a part of it will communicate the humanity of these individuals and the fact that people loved them.

"Her Giveaway: A Spiritual Journey with AIDS"

20 minutes, Indian Health Board of Minneapolis

Carol LeFavor is a woman living with HIVAIDS. She is also an American Indian, mother, lesbian, and recovered injection drug user. She tells her own story. The video gives AIDS a human face and dispels the myth that AIDS is a white man's disease.

"Mending Hearts"

59 minutes, Carle Medical Communications

Five people living with AIDS tell their own stories, with narration by Christopher Reeves. A moving look into their lives and, especially, the challenges they have faced.

Appendix E: Where to Order Audio-visuals

Your school district's curriculum office, audio-visual office, and library may be valuable resources. In King and Pierce Counties (WA), the ***Puget Sound Educational Service District*** (ESD) also stocks audio-visuals: ***(206) 439-3636 or 439-6921***. In Washington State, the ***Superintendant of Public Instruction's Office for Equity Education*** stocks some, as well: ***(206) 753-2560***. In addition, free catalogues of some excellent sexuality education resources, including those listed in Appendix D, are available from:

Alternatives to Fear, 2811 E. Madison, Suite 208, Seattle, WA 98112, 206/328-5347

Cambridge Films, PO Box 385, Cambridge, MA 02139, 617/354-3677

Carle Medical Communications, 510 W. Main St., Urbana, IL 61801, 217/384-4838

Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069-9990, 800/334-7830

Committee for Children, 172 Twentieth Ave., Seattle, WA 98122, 206/322-5050

Comprehensive Health Education Foundation, 20832 Pacific Hwy. S., Seattle, WA 98188, 206/824-2907

Coronet/MTI Film and Video, 108 Wilmot Rd., Deerfield, IL 60015, 800/621-2131

Equity Institute, 6400 Hollis St., Suite 15, Emeryville, CA 94608, 510/658-4577

ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830, 800/321-4407

Indian Health Board of Minneapolis, 1315 E. Twenty-fourth St., Minneapolis, MN 55404, 612/721-7425

March of Dimes, 230 Securities Bldg., Seattle, WA 98101, 206/624-1373 *

Marion Howard Teen Services, Grady Memorial Hosp., 80 Butler St. SE, Atlanta, GA 30335, 404/589-4204

Media Projects, 5215 Homer St., Dallas, TX 75206, 214/826-3863

Moose School Productions, PO Box 960, Topanga, CA 90290, 800/676-5480

NAMES Project Foundation, PO Box 14573, San Francisco, CA 94114, 415/863-5511

Oasis Collective, 15 Willoughby St. Boston, MA 02135, 617/782-7769

Planned Parenthood Federation, Marketing Dept., 810 Seventh Ave., NY, NY 10019, 212/603-4656 *

Rutgers University, 301 Van Nest Hall, College Ave., New Brunswick, NJ 08903, 908/932-7255

Seattle-King County Public Health, FP/STD Publications, Suite 300, 110 Prefontaine Ave. S., Seattle, WA 98104, 206/296-4672

Select Media, 74 Varick St., Third Fl., NY, NY 10013, 212/431-8923

Sterling Productions, 500 N. Dearborn, Rm. 1119, Chicago, IL 60610, 312/329-1183

Sunburst Communications, 39 Washington Ave., Box 40, Pleasantville, NY 10570-9971, 800/431-1934

NOTE: ALWAYS, ALWAYS, ALWAYS preview materials yourself, even if they are "district approved," before showing them.

* Look in the phone book for the chapter nearest you.

Appendix F: Community Resources in Seattle and King County

Seattle-King County Department of Public Health	**296-4600**
TTY	**296-4600**

Clinics:

Downtown/Seattle	296-4755
North Seattle	296-4990
Columbia Health Center	296-4650
Southwest/White Center	296-4620
Southeast/Renton	296-4900
Enumclaw	825-3146
South/Auburn	833-8352
or (Seattle toll free)	296-8400
Federal Way	838-5140
East/Bellevue	296-4920
AIDS Prevention Project	296-4999
Harborview Sexually Transmitted Disease (STD) Clinic	223-3590
Harborview Maternal and Infant Care Project	223-3261

Clinical Services: Not all clinics have every service, but services may include

- full family practice
- full pediatric practice
- sexually transmitted disease services (STD)
- family planning services (FP)
- dental services
- prenatal care and delivery
- travel and school immunizations
- refugee health services
- elderly health services
- nutrition services

Public Health Education & Other Services to Schools:

Dani Wong Ehrenheim	Seattle	School Hlth. Ed. & Svcs.	296-4780
Miriam Gray	King County	School Hlth. Ed. & Svcs.	296-4879
Ellen Phillips-Angeles	Seattle-King County	FP/STD/Sexuality Ed. & Trng	296-4672
Tony Silvestrin	King County	FP/STD/Sexuality Ed. & Trng	296-4590
Elaine Cummins	King County	FP/STD/Sexuality Ed. & Trng	296-4920
	King County	FP/STD/Sexuality Ed. & Trng	833-8400
	King County	FP/STD/Sexuality Ed. & Trng	296-4646
Lois Werelus	South Seattle	FP/STD/Sexuality Ed. & Trng	296-4650
Beth Reis	Seattle	FP/STD/Sexuality Ed. & Trng	296-4755
Peter Browning	Seattle-King County	STD/ Sexuality Ed. & Trng	296-4568
Kathleen Smith	Seattle King-County	HIV/AIDS Speakers	296-4649
John Leonard	Seattle-King County	HIV/AIDS Training	296-4649
Ellen Jeffcott	Seattle	Schl. Dental Ed. & Svcs	296-4650
Judy McNett	King County Schl.	Dental Ed. & Svcs	296-4586
Mary Schatz	Seattle-King County	Substance Abuse Prev.	296-0617
Mark Wirschem	Seattle-King County	Substance Abuse Tmt.	296-7613
Linda Culley	King County	CPR Training	296-4956
	North Seattle	Environ. Hlth. Ed. & Svcs	296-4838
	South Seattle	Environ. Hlth. Ed. & Svcs	296-4632
	East King County	Environ. Hlth. Ed. & Svcs	296-4932
	South King County	Environ. Hlth. Ed. & Svcs	296-4666

Other Health Care Providers:

Auburn Community Clinic	735-0166
Bellevue Community Clinic	562-1208
Bellevue Planned Parenthood	747-1050
Bothell-Woodinville Community Clinic	486-0658
Capitol Hill Planned Parenthood	328-7700
Carolyn Downs Family Medical Center	324-0402
Children's Eastside (Children's Hospital)	454-4644
Children's Hospital and Medical Center	526-2000
Country Doctor Community Clinic	461-4503
Drop-in Gay/Lesbian/Bi Teen Health Clinic at Lambert House (a service of UW Adol. Clinic)	322-2515
Federal Way Planned Parenthood	839-2740
Forty-fifth Street Clinic	633-3350
High Point Community Clinic	935-8150
Holly Park Medical Clinic	725-5704
International District Community Health Center	447-3235
Kenmore Planned Parenthood	485-9743
Kent Community Clinic	852-2866
Kent Planned Parenthood	854-2343
Odessa Brown Children's Clinic	329-7870
Pacific Medical Center	326-4000
Pike Market Medical Clinic	624-4143
Pioneer Square Clinic	223-3540
Sea-Mar Community Health Center	543-8705
Seattle Indian Health Board	324-9360
University of Washington Adolescent Health Clinic	543-8705
Renton Community Clinic	226-5536
Yesler Terrace Health Clinic	625-9260

Community Information Line 461-3200

Health Information and/or Crisis Phone Lines:

AIDS Information Lines Seattle	296-4999	
TTY / TDD	296-4843	
King County	1-800-678-1595	
Alcohol/Drug Help Line	1-800-562-1240	*
Child Protective Services East County	453-7143	
South County	872-2665	
Seattle and 24-hr County Line	721-4115	*
TTY / TDD	721-4104	
Children's Hospital Resource Line	526-2500	
TDD	526-2223	
Community Obstetrics Referral Program	284-5291	
Compassionate Friends (Family Services)	241-1139	*
Crisis Line (Crisis Clinic)	461-3222	*
Domestic Violence Hotline	1-800-562-6025	*
Gay/Lesbian Youth Information Line (American Friends Service Committee)	322-7900	
Options for Pregnancy	1-800-732-1887	
Parents Anonymous Help Line	233-0139	*
Poison Center (Children's Hospital)	526-2121	*
RESOLVE of Puget Sound (infertility support and information)	524-7257	
Sex Information Line (Planned Parenthood)	328-7711	
Teen Hotline (YMCA)	382-KIDS	
Tel-Med (King County Medical Society)	621-9450	

Child Physical / Sexual Abuse:

Alternatives to Fear	328-5347	
Child Protective Services .... East County	453-7143	
South County	872-2665	
Seattle and 24-hr County Line	721-4115	*
TTY / TDD	721-4104	
Children's Home Society	524-6020	
Committee for Children	322-5050	
Eastside Sexual Assault Center for Children (a service of Harborview)	462-5130	
Harborview Sexual Assault Center	223-3047	
King County Sexual Assault Resource Center	226-RAPE	*
Seattle Rape Relief	632-RAPE	*

* 24-hour staffing

Other Youth / Family Services:

Adoption Resource Center	524-6020
Asian Counseling and Referral Service	461-3603
Atlantic Street Center	329-2050
Catholic Community Services	325-5162
Consejo Counseling and Referral Service	461-4880
Family Services	461-3883
Filipino Youth Activities	323-6545
Friends of Youth:	
Renton	228-5775
Carnation	333-4163
Issaquah	392-6367
Snoqualmie	888-4151
Ingersoll Gender Center	329-6651
Jewish Family Services	461-3240
Lutheran Counseling Network	364-1046
Mental Health Centers:	
Central Area Mental Health	723-1980
Community Psychiatric Clinic	461-8385
Eastside Mental Health	827-9100
Harborview Community Mental Health Center	223-3415
Highline-West Seattle Mental Health Center	241-0990
Mental Health North	461-4544
Seattle Mental Health Institute	281-4300
Valley Cities Mental Health Center	833-7444
Montlake Institute	328-0910
Orion Multi-Service Center (Youthcare)	725-8888
Parents and Friends of Lesbians and Gays	325-7724
Presbyterian Counseling Service	527-2266
Ryther Child Center	525-5050
Seattle AIDS Support Group	322-2437
Seattle Counseling Service for Sexual Minorities	282-9307
Unitarian Counseling Services	525-8400
Youth Eastside Services (YES)	747-4YES

Appendix G: Teachers' Glossary

PART 1: TEN BASIC ASPECTS OF HUMAN SEXUALITY

1. **BODY IMAGE** = one's thoughts and feelings about one's own body (degree of comfort, pleasure, and appreciation of the way it looks and feels).
2. **GENDER** = one's biological sex (male or female) ... chromosomally, hormonally and anatomically. There are many similarities between the genders, biologically. There are also differences ... in reproductive systems, height, weight, head hair, body hair, facial features, neck, shoulders, chest/breasts, muscles, arms, hips, hands and feet, thighs, legs and center of gravity.
3. **GENDER IDENTITY** = one's understanding or feeling about whether one is male or female, emotionally and spiritually.
4. **GENDER ORIENTATION** = the gender of persons to whom one feels attracted ... whether one has crushes on, dreams about, falls in love with, or feels romantic/sexual/ spiritual/ emotional attraction mostly to men, women or both.
5. **GENDER ROLE** = one's beliefs or feelings about the appropriate and/or comfortable expression of one's gender ... about how boys and men should act, and how girls and women should act (dress, speak, react to an insult, choose a career, sit, walk, decide on chores, etc.).
6. **REPRODUCTIVE SYSTEM** = the body organs and structures, external (genitals) and internal, which have to do with making babies. It includes parts of the endocrine system: pituitary gland, thymus, gonads (testicles and ovaries). In males, it includes parts of the urinary system (urethra, penis). It also includes parts which are unique to reproduction: prostate gland, uterus, etc.
7. **SEXUAL BEHAVIOR** = one's actions in terms of genital, private and/or intimate touch. It can include masturbation, some hugs and kisses, stroking of private parts, sexual intercourse (oral, vaginal, anal), some massage, some dance, etc. Some experts would include breast-feeding in the definition.
8. **SEXUAL RESPONSE SYSTEM** = the body organs and structures, external and internal, which have to do with sexual feelings (desire, sensation, arousal, physical pleasure, and orgasm). It includes parts of the reproductive system (genitals, lubricating glands), the nervous system (skin, brain), the circulatory system (heart, etc.), and the musculo-skeletal system.
9. **SEXUAL VALUE SYSTEM** = one's beliefs about the ethics of romantic and sexual behavior ... about right and wrong in relationships. It includes one's beliefs about abstinence, dating, divorce, fidelity, gender roles, contraception, and countless other sexual issues.
10. **SOCIAL BEHAVIOR** = one's actions in terms of any human relationship (family, friends, couples). It includes verbal and non-verbal communication. It can involve liking, caring and loving. It includes romantic behavior ... "talking to" a person, "dating", "going together", etc. It sometimes includes making a home and family together and/or being married.

PART 2: SOME SPECIFICS

ABSTINENCE (n.) = not doing something. In this context, it means choosing not to have sexual intercourse or, for some people, not to have any kind of sexual touch. Nearly everyone is abstinent at times during their teen and adult years.

ADOLESCENCE (n.) = the time in a person's life when his or her body, feelings and relationships are changing from a child's into an adult's. Some cultures don't really have a time of "adolescence". In our culture, the line between adolescence and young adulthood can be blurry.

AIDS (n.) = acronym for Acquired Immune Deficiency Syndrome, a disease caused by the germ HIV, in which the immune system stops fighting off infections, cancers, and other conditions. The person becomes ill from these secondary problems. AIDS is not curable and is usually, if not always, a fatal disease at this time. As treatments improve, it is gradually becoming, instead, a chronic manageable disease.

ANAL SEX (n.) = sexual touch between two people involving the anus. Usually it means penis-anus sex. It can also mean mouth-anus sex.

ANDROGYNOUS (adj.) = having both male and female characteristics. It describes a person who enjoys traditionally masculine and traditionally feminine parts of him or herself.

ANTIBODY (n.) = a protein produced by the body to fight off a specific toxic substance or germ.

AROUSAL (n.) = the second phase of human sexual response, divided in some models into two parts: excitement and plateau. During this phase physical changes begin to occur.

ASEXUAL (adj.) = not having sexual feelings at all. Most people have times in their lives when they feel fairly asexual.

BISEXUAL (adj.) = feeling attracted about as often or as intensely to men as to women ... attracted romantically, sexually, spiritually, and emotionally. It does not mean necessarily having ever had sex with anyone of either gender; bisexual people can choose abstinence or monogamy, just like anyone else. Some people prefer to be called "bi" rather than "bisexual", as the latter implies that the person is nothing more than his or her sexuality.

CELIBATE (adj.) = abstinence from sexual touch (may or may not include masturbation). People who take religious vows to abstain from sex often use the term celibacy (rather than abstinence) to describe their choice.

CONCEPTION (n.) = the start of a pregnancy, it has two steps: fertilization and implantation. Fertilization is the joining of the ovum and sperm cell. Implantation is the process of burrowing into the lining of the uterus.

CONTRACEPTION (n.) = an action a person or couple takes to reduce the chances of conception occuring. This includes abstaining from sexual intercourse (regularly or periodically), having a sterilization operation, or obtaining and using a "birth control" product or device. Some forms of contraception reduce the risk of STDs, also.

DESIRE (n.) = the first phase of human sexual response, also called libido, in which a person is aware of a willingness to share sexual touch or an interest in it, or of sexual attraction to another person.

DYSFUNCTION (n.) = a problem or disorder in a system. In this context, it means problems of the sexual response system ... or a person's dissatisfaction with the way his or her sexual response system is working. Almost everyone has times in their lives when their sexual response system doesn't work exactly the way they want it to.

FEMININE (adj.) = having qualities that are traditionally or stereotypically associated with females in ones's culture.

FERTILE (adj.) = able to reproduce (make or have a baby).

GAY (adj.) = The preferred term of most men, and many women, who consider themselves homosexual. (See also "lesbian".) Both terms, "gay" and "lesbian", are less clinical, less easily reduced to "sex", and more respectful than "homosexual", just as the terms "Black" or "African-American" are more respectful than "Negro".

GENITALS (n.) = the outside (external) parts of the reproductive system. They include a man's penis and scrotum and a woman's vulva (labia and clitoris).

HERMAPHRODITE (n.) = a person with both male and female reproductive systems. A pseudo-hermaphrodite has a fully developed system of one gender, with some partly developed organs of the other gender, too. About 1 in every 1,000 babies is born with the latter birth defect. Most are surgically corrected soon after birth.

HETEROSEXUAL (adj.) = feeling attracted most often or most intensely to people of the other gender ... attracted romantically, sexually, spiritually, and emotionally. It does not mean necessarily having ever had sex with anyone of either gender.

HIV (n.) = Human Immunodeficiency Virus, the organism (germ) that causes "HIV Disease", the fourth stage of which is AIDS.

HOMOSEXUAL (adj.) = feeling attracted most often or most intensely to people of one's own gender ... attracted romantically, sexually, spiritually, and emotionally. Being gay or lesbian does not mean necessarily having ever had sex with anyone of either gender; gay and lesbian people can choose abstinence or monogamy, just like anyone else. (See "gay" and "lesbian".) Homosexual **behavior** is against the law in some states (not in Washington). Being a gay or lesbian **person** is not illegal, of course, because it is a feeling (and, for some, an identity and a culture), not a behavior. Homosexuality is no longer considered a mental illness. Being extremely unhappy or ashamed **about** being gay or lesbian (sometimes called "internalized homophobia" or "ego-dystonia") can be considered a mental illness (a "psycho-sexual disorder").

HORMONE (n.) = a chemical "messenger" from an endocrine gland to some other part of the body. Hormones travel through the bloodstream.

IMPOTENT (adj.) = archaic (and disparaging) term that meant "unable to have or maintain an erection". At least half of all boys and men have erection concerns at times ... due to stress, alcohol, tiredness, or other temporary causes. Some men have longer periods of erection problems (months or years) because of illness, surgery or other reasons.

INFERTILE (adj.) = unable to reproduce (make or have a baby) after a year or two of unprotected intercourse. About 15% of couples have fertility problems. Many of these couples can be helped (through medical treatment) to have a baby

LESBIAN (adj.) = The term many gay women prefer to describe themselves, although "gay" can include both genders. (See "gay" and "homosexual".) It describes a woman who feels attracted most often or most intensely to other women... attracted romantically, sexually, spiritually, and emotionally. About 4-10% of people consider themselves gay or lesbian.

LIBIDO (see "desire")

LOVE (n.) = liking, enjoying someone (or remembering times when you have liked and enjoyed them) plus caring about them (their needs, their feelings, their safety, their general well-being).

MASCULINE (adj.) = having qualities that are traditionally or stereotypically associated with males in one's culture.

MASTURBATION (n.) = sexual touch by one's self ... rubbing or stroking one's own genitals for comfort or pleasure. About 92% of men and about 62% of women say they have masturbated. That means 8% of men and 38% of women have chosen not to masturbate.

MENOPAUSE (n.) = the time in a woman's life when she stops ovulating (releasing eggs) and menstruating (having periods). Most women go through menopause sometime between the ages of 45 and 55.

MONOGAMY (n.) = being romantically (and perhaps sexually) involved with only one person.

MORPHOLOGY (n.) = shape ... a term used in reference to sperm. Sperm with healthy morphology are shaped like tadpoles.

MOTILITY (n.) = ability to move ... a term used in reference to sperm. Sperm with healthy motility are those which can swim well.

MUTUAL MASTURBATION (n.) = manual sex ... hand-genital sexual touch between two people.

ORAL SEX (n.) = sexual touch between two people involving the mouth. Usually used to mean mouth-genital sex, it can also refer to mouth-anal sex.

ORGASM (n.) = a series of muscle contractions (all over the body, but especially in the pelvic area), quickly releasing sexual tension. In men, it often includes ejaculation. It is usually very pleasureable.

PEDOPHILE (n.) = an adult who desires (or has) sex with children. Experts consider this a kind of mental illness (a "psychosexual disorder") and sexual behavior between adults and children is against the law in all fifty states.

PSYCHO-SEXUAL DISORDER (n.) = mental illness of a sexual nature (as defined by the American Psychiatric Association)

PUBERTY (n.) = the beginning of adolescence. (In cultures that don't have a period of "adolescence", puberty is simply the time when one becomes fertile.) Most girls in the United States go through puberty between the ages of 9 and 17. Most guys go through it between about 11 and 19.

RELEASE (n.) = the third phase of human sexual response, which may happen rapidly (through orgasm) or gradually (without orgasm, body returns to normal heart rate and so forth within hours or, in some cases, a couple of days).

SADO-MASOCHISM (n.) = sexual touch during which one person hurts or humiliates the other. It may or may not be consenting (both people's choice). Experts consider this a kind of mental illness (a "psychosexual disorder"), if a person chooses non-consenting partners.

SEXUAL INTERCOURSE (n.) = certain kinds of sexual touch between two people. Sometimes, the term is used to mean specifically penis-vagina sex. Other times, it is meant to include oral sex (mouth-genitals), anal sex (penis-anus), and/or oral-anal sex (mouth-anus).

SEXUAL STEREOTYPING (n.) = the **mistaken belief** (myth, overgeneralization) that a whole group of people are sexually alike. Most sexual stereotypes are negative ... ideas such as: "Elder adults and quadriplegics are asexual." "Retarded people are sex offenders." "Men just want sex." Two related terms are "prejudice" and "discrimination":

SEXUAL PREJUDICE (n.) = strong **feelings** of fear or hostility, based on sexual stereotypes. In their extreme forms, these feelings can be mental illnesses. Examples include:

Homophobia ... the fear or dislike of homosexual people, or of stereotypically homosexual behavior, or of one's own same-sex feelings, or of being perceived as gay or lesbian.

Misogyny ... dislike of women, or of stereotypically feminine behavior, or of being perceived as girl-like (to "throw like a girl", for example).

SEXUAL DISCRIMINATION or OPPRESSION (n.) = **actions** (or **in**action) that hurt people, involving unfair use of power, based on sexual stereotypes. For instance:

Ableism, for example, can mean not giving disabled people any privacy to masturbate if they live in a group home ... based on the mistaken belief that they must not want to.

Ageism can mean not letting couples in nursing homes live together ... based on the idea that elder adults don't fall in love. Or it can mean pushing a teen into abortion or adoption ... based not on her feelings or skills, but on the belief that teens cannot be good parents.

Heterosexism can mean not hiring a gay man to work with children ... based not on his behavior and references, but on the mistaken belief that all gay men are sex offenders.

Sexism can mean not hiring a woman for an important job ... based not on her references, but on the mistaken idea that women can't make decisions the day before their periods.

SEXUAL TABOO * (n.) = a sexual act, word, or symbol that is considered wrong in the **value** system of a particular culture.

Almost universally, cultures have the value that incest is wrong. (Incest is sex between family members.)

Many cultures also frown on intercourse when a woman is pregnant or nursing. In parts of Africa, there are taboos against sex during the day, before going to war, during a thunderstorm, and for up to a year after the birth of a child. Elsewhere there are taboos against sex between grandparents (a Taiwan society), on the birthdays of the gods (traditional Chinese), and after planting narcotic plants (Ivaro Indians). There are also taboos in some cultures against having sex outdoors (Yucatec and Mayan Indians), indoors (in Papua New Guinea), or during certain phases of the moon (Hindu cultures).

In modern Western society, almost universal taboos include:

- adultery (sex between a married person and someone other than the spouse),
- being unfaithful (going out with someone else, with or without sex, when you've promised your partner you won't)
- bestiality (sex with animals),
- child sexual abuse (sex between an adult and a child or teen ... or between a teen and a younger child),
- sexual exploitation (sex without consent ... forcing, pushing, tricking someone into sex — includes child sexual abuse).

Less universal, but considered wrong by some people (families, religions) within our culture, are:

- oral or anal sex
- abortion
- same-sex touch
- masturbation
- prostitution
- divorce
- same-sex relationships
- sex before marriage
- sex during a woman's period
- sex without love
- some or all types of birth control
- mothers working outside the home
- making an adoption plan for your baby
- having a baby you can't take good care of
- men showing affection or acting in nurturing ways
- certain words, pictures and gestures ("the finger") **

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* This definition is quoted with permission (with slight adaptations for reading level), from **Sex A to Z**, by Goldenson and Anderson, copyright 1989 (World Almanac, NY).

** People disagree about ***which*** pictures, books, and magazines are "pornography" and which words or songs are "dirty" or "offensive".

TRANSSEXUAL (adj.) = feeling that one is (emotionally, spiritually) really the other gender from one's biological gender ... a transsexual person could be biologically male, but feel she is truly a woman trapped in the wrong body, or biologically female, but believe he is really a man on the inside. Some transsexual people undergo therapy (psychological and hormonal) and surgery to become the same gender on the outside that they feel on the inside. Most simply live their lives wishing their bodies and feelings were congruent. Because of this emotional pain, transsexuality is considered a "psychosexual disorder". Most transsexual persons are not gay.

TRANSVESTITE (n.) = a person who dresses like the other gender for sexual pleasure. Some people "cross-dress" as part of their jobs (actors, singers). Other people "cross-dress" as a statement of their objection to rigid sex-roles, a kind of satire. Some "cross-dress" for comfort. Some may only appear to "cross-dress", because the fashion in their culture (or sub-culture) is different from that of the observer's culture. Still others "cross-dress" for sexual satisfaction. This latter group are "transvestites." If having the need to cross-dress is emotionally painful, it can be considered a "psychosexual disorder". Most transvestites are neither transsexual nor homosexual.

Appendix H: F.L.A.S.H. Curriculum Overview

GRADE LEVEL	K/1/2*	3/4*	5/6	7/8	Special Education: Secondary	9/10	11/12
CLIMATE SETTING	1 Introduction	1. Introduction	1 Introduction	1 Introduction	1. Introduction	1 Introduction & Pre test	Use as Supplement to 9/10
PHYSICAL ASPECTS OF SEXUALITY	7. Hygiene (hand washing, body care, etc.) 8. Reproductive System (brief review of body parts) 9. Pregnancy (where babies come from)	7. Hygiene 8. Reproductive System (Introduction to anatomy/physiology) 9. Puberty (introduction) 10. Pregnancy (introduction to birth defects & other problems)	9. & 10. Puberty 11. & 12. Reproductive System 13. Pregnancy —the Basics 14. Pregnancy – problems A. & B. A.I.D.S. - 5th Grade C. A.I.D.S. - 6th Grade	2. Puberty 3. Sexual Health & Hygiene 4. & 5. Sexually Transmitted Diseases A. & B. AIDS - 7th Grade A. AIDS - 8th Grade 6. & 7. Reproductive System 8. & 9. Pregnancy 14. Birth Control	16. Anatomy 17. Puberty 18. Sexual Health & Hygiene 19. Reproduction 20. Pregnancy 23. Birth Control 24. Germs & Risks 25. Sexually Transmitted Diseases 26. AIDS	3 Reproductive System 4 Puberty Overview 13 Pregnancy – the Developing Baby 14 Pregnancy – the Experience 15 Pre-Natal Health 19 Unplanned Pregnancy 20 Contraception Overview 21 Contraception – A Closer Look 22 Contraception – What's the Best Method 24 Sexually Transmitted Diseases Overview 25 HIV/AIDS – the Disease 27 Sexually Transmitted Diseases – Epidemiology 29 Sexual Health Care	7 Fertility & Infertility 8 Abortion 9 Adoption 13 HIV/AIDS – Update, Focus on Testing 16 Sexual Response System
PSYCHOSOCIAL ASPECTS OF SEXUALITY	2. Self-Esteem (2 lessons) 3. Family (child's role) 4. Sex Roles 5. Friendship (communication) 6. Sexual Exploitation	2. Self-Esteem (2 lessons) 3. Family (handling changes) 4. Sex Roles 5. Friendship 6. Sexual Exploitation	2. Family 3. Self-Esteem 4. Sex Roles 5. Friendship 6. Decision-Making 7. & 8. Sexual Exploitation D. AIDS - Exploring the Issues	B. AIDS - 8th Grade C. AIDS – Public Attitudes 8th Grade 10. & 11. Decision Making & Teen Parenthood 12. & 13. Touch & Abstinence 16. Communication – the Basics 17. Asking Honestly for What You Want 18. Taking "NO" for an Answer 19. Saying "NO" 20. Defending Your Rights	2. Public & Private 3. Self Esteem 4. Gender Identification 5. Families 6. Friendship & Dating 7. Helpers, Acquaintances & Strangers 8. Non-Verbal Communication 9. Assertiveness 10. Asking for What You Want 11. Hearing "NO" 12. Saying "NO" 13. Decision Making 14. Touching (exploitation) 15. Exploitation & Getting Help 21. Parenthood 22. Sexual Decision-Making	2 Touch & Abstinence 5 Who am I? Where am I going? 6 Am I Normal? 7 Will I fit in? 8 What will I decide about touch? 9 Communication (exploitation) 10 Consent vs. Exploitation 11 Continuum of Sexual Touch 12 Assault Strategies 16 Planning to Parent – Infant Health 17 Do I want children? How many? When? 18 Planning to Parent – Am I qualified? 23 Contraception – Communication 26 HIV/AIDS – Its impact on People 28 Sexually Transmitted Diseases – Communication	1 Critical Thinking 2 Infant & Preschool Sexual Development 3 Gender Roles 4 Gender Orientation & the Individual 5 Gender Orientation & Society 6 Learning to Love 10 Parenting – Focus on Fathers 11 Pregnancy Options & Society 12 Contraception, Individuals & Society 14 HIV/AIDS – Friends & Family 15 HIV/AIDS – Society 17 Abstinence, Attitude & Activism
RESOURCES	10. Review & Resources (what doctors & other resource people do)	11. Review & Resources	15. Review & Resources	15. Resource People	27. Resources 28. Summary Session	30. Review & Post test	18 Lifelong Sexuality & Unit Closure

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